

EXHIBIT 42

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DEPARTMENT OF CORRECTION
CITY OF NEW YORK

UOF PACKAGE

UOF ID Number 223 / 3
Incident Facility GRVC

UOF ID Number: 2239/23

Incident

UOF ID Number: 2239/23
Primary Incident Type: Use of Force
Primary Incident Status: Actual
Primary UOF Type: Control holds/takedown techniques
Reason For UOF: Assault On Staff
Occurred Time: May 3 2023 7:24AM
Reported Time: May 3 2023 9:10AM
Reported By: ADW [REDACTED]
Reported To: PS [REDACTED]
Incident Facility: GRVC
Facility Area: Intake Areas
Anticipated UOF (Call In): No

Description of Incident:

AT 0910 HOURS, THE FACILITY REPORTED AT 0724 HOURS, IN THE INTAKE AREA (ESH), DURING COURT PRODUCTION, OFFICER [REDACTED] APPLIED HANDCUFFS TO INMATE [REDACTED] AND HE ELBOWED STRIKING TO THE FACIAL AREA. OFFICERS [REDACTED] AND [REDACTED] UTILIZED UPPER BODY CONTROL HOLDS TO SECURE THE INMATE AGAINST THE WALL AND ESCORTED TO PEN # 11. OFFICER [REDACTED] PUNCHED STRIKING THE INMATE TO THE BACK OF THE HEAD AREA AND HE RESISTED BY PULLING AWAY. OFFICER [REDACTED] RE-AFFIRMED THIER UPPER BODY CONTROL HOLDS TO ESCORT AND SECURE THE INMATE IN PEN # 11, TERMINATING THE INCIDENT. STAFF AND INMATE INJURIES ARE PENDING. THIS INCIDENT IS CLASSIFIED AS A "P" USE OF FORCE ASSAULT ON STAFF. VIDEO SURVEILLANCE: YES/CHEMICAL AGENT (OC) UTILIZED: NO. UPDATE: ON 05/10/23 THE FACILITY REPORTED THERE WERE NO STAFF AND INMATE INJURIES. THIS INCIDENT IS RECLASSIFIED AS A "C" USE OF FORCE.

Ed ted Descrip tion of Incident:

AT 0910 HOURS, THE FACILITY REPORTED AT 0724 HOURS, IN THE INTAKE AREA (ESH), DURING COURT PRODUCTION, OFFICER [REDACTED] APPLIED HANDCUFFS TO INMATE [REDACTED] AND HE ELBOWED STRIKING TO THE FACIAL AREA. AS RESULT, A USE OF FORCE OCCURRED WITH THE

UOF ID Number: 2239/23

BELOW LISTED STAFF. THIS USE OF FORCE INCIDENT IS CLASSIFIED AS A "P" USE OF FORCE ASSAULT ON STAFF. VIDEO SURVEILLANCE: YES /CHEMICAL AGENT (OC) UTILIZED: NO. UPDATE: ON 05/10/23 BASED ON MEDICAL THIS INCIDENT IS RECLASSIFIED AS A "C" USE OF FORCE

Restraints: No

Video Captured: Yes

Incident Source: IRS

Status: Closed

Assigned Tour Commander Name: [REDACTED]

Assigned Captain Name: [REDACTED]

Assigned DDI Name: [REDACTED]

Assigned ID Supervisor Name: [REDACTED]

Assigned ID Investigator Name: [REDACTED]

Created By: IRS Interface

Created Date: May 3 2023 11:05AM

Updated By: [REDACTED]

Updated Date: Jun 7 2023 2:00PM

Preventative Action: GAVE ORDERS

Injury Class: C

DOC Age Categorization: Adult

Nunez Age Categorization: Adult

Location Description: INTAKE (ESH) AREA

Assigned Document Clerk Name: [REDACTED]

Staff Participants:

- [REDACTED]
- [REDACTED]

Inmate Participants:

- [REDACTED]

Staff Witnesses:

- [REDACTED]
- [REDACTED]

Incident - Activity

UOF ID Number: 2239/23

Access Level: ID
Activity Type: Documentation Work
Activity Date: May 06 2023
Notes: Inv. [REDACTED] On May 5, 2023, this incident was recommended and approved for Immediate action for Officer [REDACTED] Upon commencing the suspension, HMD Sick Report (HMD#02202-0) along with confirmation by Officer [REDACTED] who indicated that Officer [REDACTED] is out indefinitely sick with no return date at this time.
Created By: [REDACTED]
Created Date: May 6 2023 12:28PM
Updated Date:
Creator ID: [REDACTED]

Incident - Activity

Access Level: ID
Activity Type: Documentation Work
Activity Date: May 16 2023
Notes: [REDACTED] Officer [REDACTED] was suspended on May 9, 2023. A MOC will be recommended for Officer [REDACTED] excessive and unnecessary use of force. it was also noted that the officer submitted a misleading report.
Created By: [REDACTED]
Created Date: May 16 2023 1:00PM
Updated Date:
Creator ID: [REDACTED]

Incident - Activity

Access Level: ID
Activity Type: Documentation Work
Activity Date: May 28 2023
Notes: Investigator was assigned this case on 5/26/2023
Created By: [REDACTED]
Created Date: May 28 2023 12:42PM
Updated Date:
Creator ID: [REDACTED]

UOF ID Number: 2239/23

Incident - Activity

Access Level: ID
Activity Type: Documentation Work
Activity Date: May 28 2023
Notes: Investigator obtained staff medical documentation 5/24/2023
Created By: [REDACTED]
Created Date: May 28 2023 12:45PM
Updated Date:
Creator ID: [REDACTED]

Incident - Activity

Access Level: ID
Activity Type: Documentation Work
Activity Date: May 24 2023
Notes: Investigator obtained the Court Production sheets from 5/3 /2023
Created By: [REDACTED]
Created Date: May 28 2023 12:45PM
Updated Date:
Creator ID: [REDACTED]

Incident - Activity

Access Level: ID
Activity Type: Documentation Work
Activity Date: May 28 2023
Notes: listened to securus phone calls.
Created By: [REDACTED]
Created Dat : May 28 2023 1:49PM
Updated Date
Cr ator ID: [REDACTED]

Incident - Activity

Access Level: ID
Activity Type: Documentation Work
Activity Date: May 28 2023
Notes:

UOF ID Number: 2239/23

Sent 22R request for Officer [REDACTED]

Created By: [REDACTED]

Created Date:

May 28 2023 2:56PM

Updated Date:

Creator ID: [REDACTED]

Incident - Activity

Access Level:

ID

Activity Type:

Documentation Work

Activity Date:

Jun 04 2023

Notes:

Investigator unable to upload medical documentation for staff. Able to locate in the H drive

Created By: [REDACTED]

Created Date:

Jun 4 2023 9:45AM

Updated Date:

Creator ID: [REDACTED]

Incident - Video/Audio Captured

Access Level:

ID

Media Type:

Video

Video/Audio Type:

Stationary

Video Link:

\\videohq\GENETECUPLOADS\Year 2023\ID\GHOSTED VIDEOS\GRVC UOF 2239.2023 AOS GHOSTED.g64x

Location:

GRVC--ESH
Intake

Camera Angles: [REDACTED]

Video/Audio Start Date and Time:

May 3 2023 7:18AM

Video/Audio End Date and Time:

May 5 2023 7:57AM

Created By: [REDACTED]

Created Date:

May 17 2023 6:53AM

Updated Date:

Incident - Incident Event Log

Access Level:

ID

Action:

Complete Preliminary Review - Assign to ID

To Status:

Preliminary Review - Pending ID Supervisor Approval

UOF ID Number: 2239/23

Reason Not Approved:

Created By:

Created Date:

May 17 2023 6:54AM

Incident - Incident Event Log

Access Level:

ID

Action:

Approve Preliminary Review - Assign to ID (send to DDI)

To Status:

Preliminary Review - Assign to ID DDI Approval

Reason Not Approved:

Created By:

Created Date:

May 24 2023 2:25PM

Incident - Incident Event Log

Access Level:

ID

Action:

Approve Preliminary Review (initiate ID Investigation)

To Status:

ID Investigation - Pending Investigation

Reason Not Approved:

Created By:

Created Date:

May 26 2023 10:16AM

Incident - Incident Event Log

Access Level:

ID

Action:

Complete ID Investigation - Send to Supervisor

To Status:

ID Investigation - Pending Supervisor Review & Approval

Reason Not Approved:

Created By:

Created Date:

Jun 4 2023 10:24AM

Incident - Incident Event Log

Access Level:

ID

Action:

Return - ID Investigation (to ID Investigator)

To Status:

ID Investigation - Pending Investigation

Reason Not Approved:

See
revisions.

Created By:

Created Date:

Jun 4 2023 12:32PM

UOF ID Number: 2239/23

Incident - Incident Event Log

Access Level: ID
Action: Complete ID Investigation - Send to Supervisor
To Status: ID Investigation - Pending Supervisor Review & Approval
Reason Not Approved:
Created By: [REDACTED]
Created Date: Jun 4 2023 3:24PM

Incident - Incident Event Log

Access Level: ID
Action: Approve ID Investigation (send to DDI)
To Status: ID Investigation - Pending DDI Approval
Reason Not Approved:
Created By: [REDACTED]
Created Date: Jun 4 2023 4:37PM

Incident - Incident Event Log

Access Level: ID
Action: Return - ID Investigation (to Supervisor)
To Status: ID Investigation - Pending Supervisor Review & Approval
Reason Not Approved: see notes
Created By: [REDACTED]
Created Date: Jun 5 2023 9:30AM

Incident - Incident Event Log

Access Level: ID
Action: Return - ID Investigation (to ID Investigator)
To Status: ID Investigation - Pending Investigation
Reason Not Approved: See notes.
Created By: [REDACTED]
Created Date: Jun 6 2023 6:19AM

Incident - Incident Event Log

Access Level: ID

UOF ID Number: 2239/23

Action: Complete ID Investigation - Send to Supervisor
To Status: ID Investigation - Pending Supervisor Review & Approval
Reason Not Approved:
Created By: [REDACTED]
Created Date: Jun 6 2023 9:47AM

Incident - Incident Event Log

Access Level: ID
Action: Approve ID Investigation (send to DDI)
To Status: ID Investigation - Pending DDI Approv I
Reason Not Approved:
Created By: [REDACTED]
Created Date: Jun 6 2023 1:59PM

Incident - Incident Event Log

Access Level: ID
Action: Return - ID Investigation (to Supervisor)
To Status: ID Investigation - Pending Supervisor Review & Approval
Reason Not Approved: edit
Created By: [REDACTED]
Created Date: Jun 7 2023 9:57AM

Incident - Incident Event Log

Access Level: ID
Action: Approve ID Investigation (send to DDI)
To Status: ID Investigation - Pending DDI Approval
Reason Not Approved:
Created By: [REDACTED]
Created Date: Jun 7 2023 11:51AM

In ident - Incident Event Log

Access Level: ID
Action: Return - ID Investigation (to Supervisor)
To Status: ID Investigation - Pending Supervisor Review & Approval
Reason Not Approved: minor edit.

UOF ID Number: 2239/23

Created By:

Created Date:

Jun 7 2023 11:58AM

Incident - Incident Event Log

Access Level:

ID

Action:

Approve ID Investigation (send to DDI)

To Status:

ID Investigation - Pending DDI Approval

Reason Not Approved:

Created By:

Created Date:

Jun 7 2023 1:46PM

Incident - Incident Event Log

Access Level:

ID

Action:

Approve ID Investigation (send to Deputy Commissioner, Investigation and Trials)

To Status:

ID Investigation - Pending Deputy Commissioner, Investigation and Trials approval

Reason Not Approved:

Created By:

Created Date:

Jun 7 2023 1:59PM

Incident - Incident Event Log

Action:

Approve ID Investigation (Deputy Commissioner, Investigation and Trials)

Reason Not Approved:

Created By:

Created Date:

Incident - Witness

Access Leve

ID

Person Type

Staff

Shield #:

E ployee #:

Assigned Fac lity:

GEORGE R. VIERNO CENTER

First Name:

Last Name:

Date of Birth:

UOF ID Number: 2239/23

Date of Hire: Apr 26 2012
Gender: Male
Created By: [REDACTED]
Created Date: May 30 2023 9:51AM
Updated Date:
Title: Correction Officer
Title Effective Date: Apr 26 2012
Deleted in IRS: No

Incident - Witness

Access Level: ID
Person Type: Staff
Shield #: [REDACTED]
Employee #: [REDACTED]
Assigned Facility: GEORGE R. VIerno CENTER
First Name: [REDACTED]
Last Name: [REDACTED]
Date of Birth: Jun 12 1990
Date of Hire: Jun 27 2016
Gender: Male
Created By: [REDACTED]
Created Date: May 30 2023 9:51AM
Updated Date:
Title: Correction Officer
Title Effective Date: Jun 27 2016
Deleted in IRS: No

Incident - Participant

Access Level: IRS Interface
Person Type: Staff
Shield #: [REDACTED]
Employee #: [REDACTED]
Book & Case #:
NYSID:
Last Name: [REDACTED]

UOF ID Number: 2239/23

First Name: [REDACTED]
Assigned Facility: TRANSPORTATION DIVISION
Title Effective Date: Aug 06 2015
Date of Hire: Aug 06 2015
Date of Birth: [REDACTED]
Date of Admission:
Length of Stay:
Age:
Classification Score:
Disassociation Reason:
Created By: IRS Interface
Created Date: May 3 2023 11:05AM
Updated By: IRS Interface
Updated Date: May 10 2023 7:40PM
Visitor Number:
Title: Correction Officer
Arrest No:
Indictment Docket No:
Referred to Hospital: No
Admitted to Hospital: No
Prescribed Medication: No
Participant Role: Victim
Arrest Charge:
Arrest Date:
Court Date:
Arrest Disposition:
Notice Served:
Other Gender :
Other Race
Other Mental Observation Facility:
Middle Name:

Incident - Participant

Access Level: IRS Interface
Person Type: Staff
Shield #: [REDACTED]
Employee #: [REDACTED]

UOF ID Number: 2239/23

Book & Case #:**NYSID:****Last Name:****First Name:****Assigned Facility:**

GEORGE R. VIERNO CENTER

Title Effective Date:

Sep 06 2012

Date of Hire:

Sep 06 2012

Date of Birth:

Jun 24 1975

Date of Admission:**Length of Stay:****Age:****Classification Score:****Disassociation Reason:****Created By:**

IRS Interface

Created Date:

May 3 2023 11:05AM

Updated By:

IRS Interface

Updated Date:

May 10 2023 7:40PM

Visitor Number:**Title:**

Correction Officer

Arrest No:**Indictment Docket No:****Referred to Hospital:**

No

Admitted to Hospital:

No

Prescribed Medication:

No

Participant Role:

PARTICIPANT

Arrest Charge:**Arrest Date:****Court Date:****Arrest Disposition:****Notice Served:****Other Gender:****Other Race:****Other Mental Observation Facility:****Middle Name:****Incident - Participant****Access Level:**

IRS Interface

UOF ID Number: 2239/23

Person Type:	Inmate
Shield #:	
Employee #:	
Book & Case #:	
NYSID:	
Last Name:	
First Name:	
Title Effective Date:	
Date of Hire:	
Date of Birth:	
Date of Admission:	
Length of Stay:	
Age:	
Gender:	Male
Race:	Black or African American
Classification Score:	7
Was Inmate in Restraints Prior to UOF?:	No
Disassociation Reason:	
Created By:	IRS Interface
Created Date:	May 3 2023 11:05AM
Updated By:	IRS Interface
Updated Date:	May 10 2023 7:40PM
Visitor Number:	
ICR:	No
Parole Violator:	No
Red ID:	No
Inmate Facility:	George R. Verno Center
Arrest No:	
Indic m nt Do ket No:	
Adolescent:	No
Referred to Hospital:	No
Admi d to Hospital:	No
Prescribed Medication:	No
Participant Role:	INSTIGATOR
Arrest Charge:	

UOF ID Number: 2239/23

Arrest Date:
Court Date:
Arrest Disposition:
Notice Served:
Other Gender:
Other Race:
Other Mental Observation Facility:
Middle Name:

Incident - Incident Attachment

Attachment Type: Incident Inmate Photo Form
Attachment: File: Incident Photo #2239-23 df
Created By: IRS Interface
Created Date: May 3 2023 11:05AM
Updated By: [REDACTED]
Updated Date: May 4 2023 9:35AM
Access Level: Facility

Incident - Incident Attachment

Attachment Type: Injury to Inmate Report - pg. 1
Attachment: File: Injuy Report Page 1 #2239-23.pdf
Created By: IRS Interface
Created Date: May 3 2023 11:05AM
Updated By: [REDACTED]
Updated Date: May 4 2023 9:36AM
Access Level: Facility

Incident - Incident Attachment

Attachment Type: Injury to Inmate Report - pg. 2
Attachment: File: Injuy Report Page 2 #2239-23.pdf
Created By: IRS Interface
Created Date: May 3 2023 11:05AM
Updated By: [REDACTED]
Updated Date: May 4 2023 9:36AM
Access Level: Facility

UOF ID Number: 2239/23

Incident - Incident Attachment

Attachment Type: Inmate Voluntary Statement Form

Attachment: File: Statement #2239-23.pdf

Created By: IRS Interface

Created Date: May 3 2023 11:05AM

Updated By: [REDACTED]

Updated Date: May 4 2023 9:36AM

Access Level: Facility

Incident - Incident Attachment

Attachment Type: UOF Staff Reports (A tua Allegatio or Witness)

Attachment: File: UOF-UOFW #2239-23.pdf

Created By: IRS Interface

Created Date: May 3 2023 11:05AM

Updated By: [REDACTED]

Updated Date: May 5 2023 12:42PM

Access Level: Facility

Incident - Incident Attachment

Attachment Type: Tour Commander's handwritten UOF logbook entry (copy of)

Attachment: File: Logbook Page #2239-23.pdf

Created By: IRS Interface

Created Date: May 3 2023 11:05AM

Updated By: [REDACTED]

Updated Date: May 4 2023 9:43AM

Access Level: Facility

Incident - Incident Attachment

Attachment Type: Photos of Injured Staff

Attachment: File: S_Inv_4692926.jpg

Comments:

Created By: IRS Interface

Created Date: May 3 2023 12:30PM

UOF ID Number: 2239/23

Updated By: IRS Interface
Updated Date: May 10 2023 7:40PM
Photo Type: OTHER
Access Level: IRS Interface
Other Attachment Type:
Document Description:
Other Photo Type:

Incident - Incident Attachment

Attachment Type: Photos of Injured Inmates
Attachment: File: I_Inv_4692925.jpg
Comments:
Created By: IRS Interface
Created Date: May 3 2023 12:30PM
Updated By: IRS Interface
Updated Date: May 10 2023 7:40PM
Photo Type: OTHER
Access Level: IRS Interface
Other Attachment Type:
Document Description:
Other Photo Type:

Incident - Incident Attachment

Attachment Type: UOF Staff Reports (Actual, Allegation or Witness)
Attachment: File: 4465_001.pdf
Comments: [REDACTED]
Created By: [REDACTED]
Created Dat : May 10 2023 3:21PM
Updated Date
Ac ess Level: Facility

Incident - Incident Attachment

Attachment Type: Other
Attachment: File: UOF 2239-23 RR .xlsx
Comments: Rapid Review

UOF ID Number: 2239/23

Created By: [REDACTED]
Created Date: May 16 2023 12:16PM
Updated Date:
Access Level: ID
Other Attachment Type: Rapid Review
Document Description: Rapid Review

Incident - Incident Attachment

Attachment Type: Other
Attachment: File: GRVC 2239-23 Video Request Form.doc
Comments: Video Request
Created By: [REDACTED]
Created Date: May 16 2023 12:16PM
Updated Date:
Access Level: ID
Other Attachment Type: Video Request
Document Description: Video Request

Incident - Incident Attachment

Attachment Type: Other
Attachment: File: EMTC UOF 2239-2023 MOC [REDACTED].doc
Comments: Officer [REDACTED]
MOC
Created By: [REDACTED]
Created Date: May 16 2023 12:56PM
Updated Date:
Access Level: ID
Other Attachment Type: Officer [REDACTED]
MOC
Document Description: Officer [REDACTED]
MOC

Incident - Incident Attachment

UOF ID Number: 2239/23

Attachment Type: Other
Attachment: File: CO [REDACTED] Suspension Paperwork U2239-2023.pdf
Comments: Suspension
Created By: [REDACTED]
Created Date: May 16 2023 12:57PM
Updated Date:
Access Level: ID
Other Attachment Type: Suspension documents
Document Description: Suspension

Incident - Incident Attachment

Attachment Type: Inmate Infraction History
Attachment: File: PIC INFRACTION.pdf
Created By: [REDACTED]
Created Date: May 30 2023 9:47AM
Updated Date:
Access Level: ID

Incident - Incident Attachment

Attachment Type: Infraction Investigation Report
Attachment: File: ESH 6291-23.pdf
Created By: [REDACTED]
Created Date: May 30 2023 9:47AM
Updated Date:
Access Level: ID

Incident - Incident Attachment

Attachment Type: Staff Medical Treatment Form
Attachment: File: m.e. u2239-23 [REDACTED].pdf
Created By: [REDACTED]
Created Date: Jun 6 2023 9:47AM
Updated Date:
Access Level: ID

UOF ID Number: 2239/23

Incident - Preliminary Review

UOF #: 2239/23
Occured Date: May 03 2023
Injury Class: C
Inmate 18 or Younger: No
Class A UOF: No
Actual or Alleged Blows to Head: Yes
Actual or Alleged Kicking: No
Actual or Alleged Use of Instrument of Force: No
Inmate Was in Restraints: No
Prohibited Restraint Hold(s): No
Video Surveillance Malfunction: No
Presence of Unexplained Facts: No
Direct Referral from Facility: No
Prior UOF Violation OATH Plea: No
Evidence of Staff Collusion: No
Other Full ID Circumstances: No
Video Captured: Yes
Investigator's Justification for Determination: UOF #: 2239/23
Facility: GRVC

Synopsis

On May 3, 2023, at approximately 0724 hours, within the confines of George R. Vierno Center (GRVC) ESH Intake: During Court production, Officer [REDACTED] proceeded to secure Person in Custody (PIC) [REDACTED] hands behind his back and applying mechanical restraint onto his wrist (10.16). PIC [REDACTED] turned around and his elbow struck Officer [REDACTED] to her head/facial area. Officer [REDACTED] immediately extended her hand in a C shape and grabbed the PIC's neck. Simultaneously, Officer [REDACTED] and [REDACTED] intervened and grabbed and guided PIC [REDACTED] away from Officer [REDACTED]. Officer [REDACTED] followed behind and struck PIC [REDACTED] in the rear of his head. Instantaneously, an officer quickly grabbed Officer [REDACTED] while Officer [REDACTED] escorted and secured the PIC inside a cell, thus terminating the incident.

Photographic Evidence

UOF ID Number: 2239/23

On May 3, 2023, Captain [REDACTED] took one (1) profile photograph of PIC [REDACTED], marked as refusal.

On May 3, 2023, Captain [REDACTED] took one (1) profile photograph of Officer [REDACTED] left facial area, marked as "other injury".

Video evidence:

Genetec video surveillance angles [REDACTED] were reviewed for May 3, 2023, from 0720 to 0730 hours, in GRVC, In the area. Video footage depicted the incident as narrated above.

There was no handheld or Body-worn footage associated with this incident.

GRVC: ESH Intake
Angles: [REDACTED]

Staff/PIC injuries

Injury report #1094/FY23 indicated that on May 03, 2023, at 0820 hours, PIC [REDACTED] was afforded prompt medical attention. The individual refused medical evaluation and denied injuries. No visible injuries were noted.

There were no reported staff injuries by COD or the facility. Officer [REDACTED] indicated on her report that she sustained injuries to her right arm, facial area, and eye.

Accuracy of UOF classification:

According to the Central Operation Desk (COD), No staff or PIC injuries were sustained or reported. Therefore, this incident is correctly classified as a "C" UOF as outlined in Directive 5006R-D.

A brief summary of PIC statements.

On May 3, 2023, PIC [REDACTED] refused to provide a written or verbal statement to the facility or medical staff.

The Investigation Division determined that an interview with the individual was unnecessary due to the consistency of staff reports and the incident being captured entirely on video evidence.

Staff reports

Staff reports were generally consistent with what was observed in the video footage.

On the contrary, Officer [REDACTED] submitted Use of Force Report was inconsistent with her actions, as viewed on the Genetec video. The officer noted that she utilized an open-hand push to the PIC's upper body area. At which time, her hand inadvertently slipped into the individual's neck area.

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Officer [REDACTED] also indicated that, while staff attempted to secure the individual, her left hand was entangling with the officer. In addition, fearing her safety from being attacked again, she utilized her right hand by swinging it in the direction of the PIC to create distance from the PIC.

*ID determined that Officer [REDACTED] submitted a report which was false and inaccurate; Genetec footage corroborated the officer's action of grabbing PIC [REDACTED] neck/throat area and deliberately striking individual to his head. In addition, it was observed via footage that Officer [REDACTED] attempted to escort and secure the individual away from Officer [REDACTED]. Officer [REDACTED] continued to advance toward the PIC, which caused Officer [REDACTED] and [REDACTED] to intervene; simultaneously by pulling and guiding Officer [REDACTED] away from PIC [REDACTED].

Facility Rapid Review:

The Rapid Review conducted by Acting Warden [REDACTED] noted that the incident was unavoidable. However, Officer [REDACTED] failed to remain professional during the incident. It was further noted that the officer had her hand briefly around the PIC's neck.

Conclusion:

Based on the evidence cited above, this incident will be referred for further investigation (blow to the head).

On May 9, 2023, Officer [REDACTED] was suspended from duty.

Staff Reassignment During Investigation:

No

DOI Referral for Staff:

No

DOI Referral for Inmate:

No

Injury Properly Classified:

Yes

Review End Date:

May 17 2023

Workflow Action:

Approve Preliminary Review (initiate ID Investigation)

Created Date:

Updated By:

[REDACTED]

Updated Date:

May 26 2023 10:16AM

Incident - Investigation

UOF ID Number:

2239/23

Incident Occurred Time:

May 3 2023 7:24AM

Incident Reported Time:

May 3 2023 9:10AM

UOF ID Number: 2239/23

Incident Facility:	GRVC
SOL:	Nov 03 2024
Assigned Tour Commander Name:	[REDACTED]
ID Investigator Name:	[REDACTED]
ID Supervisor Name:	[REDACTED]
Investigation Start Date:	May 26 2023
Investigation End Date:	Jun 07 2023
Investigation Status:	Closed
Investigation on Hold:	No
Hold Start Date:	
Investigation Duration in days:	12
Days Remaining To Complete Investigation:	168
Investigation Restart Date:	
Probe Team:	No
Photographs of Location:	No
Photographs of Staff:	Yes
Video Documentation:	Yes
Video Type:	<ul style="list-style-type: none"> • Stationary
Video Reviewed:	Yes
Video Consistent:	Yes
Video Malfunction:	No
Final UOF Injury Class:	C
Injury Reports Compile :	Yes
Workflow Action:	Approve ID Investigation (Deputy Commissioner, Investigation and Trials)
Created By:	[REDACTED]
Created Date:	May 26 2023 10:17AM
Updated By:	[REDACTED]
Updated Date:	Jun 7 2023 4:22PM
Other Video Unavailable:	No

Incident - Investigation - Investigation Finding**Investigation Findings**

UOF ID Number: 2239/23

Precipitating Incident:

Assault On Staff

Participant:

[REDACTED]

Video**1. Was the UOF/alleged UOF incident captured on Genetec video?:**

Yes

2. Was the video footage preserved?:

Yes

3. Was the UOF/alleged UOF incident captured on handheld video?:

No

If No:

No handheld video was utilized for the incident.

4. Was the video footage preserved?:

N/A

5. Were there any issues regarding the handheld video/camera operator?:

N/A

6. Was there any other relevant video footage (escort, leading up to the UOF, etc.)?:

No

7. Was the video footage preserved?:

N/A

Summary of Video Evidence:

Genetec Video Review

Genetec Video Angles: [REDACTED]

[REDACTED] revealed the following:

On May 3, 2023, at approximately 0720 hours in GRVC building 1 ESH Intake Officer [REDACTED], Officer [REDACTED], Officer [REDACTED], prepared PICs to get ready for court. PIC [REDACTED] ([REDACTED]) walked out of the cell ([REDACTED]) at 0724 hours). PIC [REDACTED] conversed with Officer [REDACTED] as PIC [REDACTED] began to walk back, and Officer [REDACTED] proceeded to follow. PIC [REDACTED] and Officer [REDACTED] stopped walking and PIC [REDACTED] raised his left hand as he and Officer [REDACTED] continued to converse. Officer [REDACTED] moved her head towards Officer [REDACTED] ([REDACTED]) at 0724 hours), who then came over and conducted a pat frisk of PIC [REDACTED]. As the pat frisk concluded Officer [REDACTED] went behind PIC [REDACTED] and placed mechanical restraints on PIC [REDACTED] wrist. While Officer [REDACTED] was beginning to apply the waist chain set up, PIC [REDACTED] spun around and elbowed Officer [REDACTED] in the facial area. In return, Officer [REDACTED] pushed PIC [REDACTED] against the wall with her hand against his neck/throat area and held her hand there until Officer [REDACTED] intervened and pulled Officers [REDACTED] hand back as Officer [REDACTED] was right behind him. Officer [REDACTED] was diagonal from the incident as Officers [REDACTED], [REDACTED], [REDACTED], and [REDACTED] were further down the

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tier, away from the immediate area. Officer [REDACTED] was on the tier as well, and stood in front of another PIC but behind both Officer [REDACTED] and Officer [REDACTED]. While Officer [REDACTED] and Officer [REDACTED] separated PIC [REDACTED] from Officer [REDACTED], she followed closely behind; her arm appeared intertwined with Officer [REDACTED] arm, momentarily. Officer [REDACTED] continued to escort PIC [REDACTED] away when Officer [REDACTED] reached over Officer [REDACTED] and struck PIC [REDACTED] in the back of the head with her right hand. Officer [REDACTED] was partially turned in the direction of Officer [REDACTED] as he reached out to keep Officer [REDACTED] back, but she pushed him off of her twice as she continued to follow behind Officer [REDACTED] and the PIC. Officer [REDACTED] escorted PIC [REDACTED] into another cell and secured the cell door which terminated the incident ([REDACTED] at 0725 hours).

Inmate Statements

1. Did the participant inmate(s) provide a statement(s) to the facility?:

No

2. Did the witness inmate(s) provide a statement(s) to the facility?:

No

3. Did the ID interview all participant inmate(s)?:

No

If No:

On May 20, 2023, PIC [REDACTED] was released from DOC Custody ("Deliver to Officer"); therefore an interview could not be conducted.

4. Did the ID interview all witness inmate(s)?:

No

If No:

At the request of ID, the Facility produced their Court Production sheet for the date of incident. ID used this information to assist with identifying potential PIC witnesses; however, based on Genetec, those listed PICs were not observed in the area, specifically, on the tier, at the time of incident. It should be noted that the interaction between Officer [REDACTED] and PIC [REDACTED] is captured on video surveillance.

5. Was there any evidence of collusion among inmate statement?:

No

6. Did the participant inmate(s) make any relevant statement(s) to medical staff?:

No

7. Did the participant inmate(s) make any relevant statement(s) during telephone calls? :

No

8. Did the witness inmate(s) make any relevant statement(s) during telephone calls?:

N/A

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9. Did the participant inmate(s) make any relevant statement(s) during the adj. hearing? : N/A

10. Did the witness inmate(s) make any relevant statement(s) during the adj. hearing?: N/A

11. Were any participant/witness inmate statement(s) obtained from any other source? : No

Summary of Inmate Statements:**Statement to the Facility:**

On May 3, 2023, PIC [REDACTED] refused to provide a statement to the facility.

Statement to medical:

On May 3, 2023, per the notation s of the injury report, PIC [REDACTED] did not make any pertinent statements to medical.

Securus phone call:

On May 4, 2023, PIC [REDACTED] made a 311-phone call, however, he disconnected the call prior to speaking with a representative.

Adjudication Hearing:

ID obtained the Infraction disposition which revealed that on May 11, 2023, an Adjudication Hearing was conducted regarding PIC [REDACTED] conduct during this incident, and according to the Infraction Disposition, PIC [REDACTED] stated to Captain [REDACTED] "it doesn't matter what I say."

DOC Employee Statements

1. Did all required DOC employee(s) submit UOF/UOF-W/UOF-Allegation Report(s)? : Yes

2. Were the required reports submitted in a timely manner? : Yes

3. Did any DOC employee submit an Incident Report Form for the incident? : No

4. Did any DOC employee submit a Report and Notice of Infraction for the incident?: Yes

5. Did a supervisor complete the Report and Notice of Infraction Investigation : Yes

6. Was a disciplinary hearing held for the infraction?: Yes

If No:

Upon checking Adjudication Audio Files an Adjudication Hearing was not uploaded yet.

UOF ID Number: 2239/23

7. Was a Hearing Report and Notice of Disciplinary Disposition form completed? :

Yes

8. Was there any evidence of collusion among DOC employee(s) reports? :

No

9. Were all involved DOC employee(s) made the subject of an MEO-16 interview(s)? :

N/A

If No or N/A:

Involved/witness DOC employees were not made the subject of an MEO-16 interview as their statements would not alter this investigation.

10. Were all witness DOC employee(s) made the subject of an MEO-16 interview(s)?:

N/A

If No or N/A:

See above.

11. Were MEO-16 interview statement(s) somewhat consistent with submitted report(s)?:

N/A

12. Did any other individual(s) (visitors, teachers, etc.) submit a report?:

No

13. Were any other individual(s) (visitors, teachers, etc) interviewed?:

No

Summary of DOC Employee Statements:

On May 3, 2023, Officer [REDACTED] submitted a UOF report that was not consistent with Genetec video footage. Officer [REDACTED] reported she used an open hand push to PIC [REDACTED] upper body that inadvertently slipped, and it made contact with the neck area due to their difference in height. Officer [REDACTED] also reported that her left arm was entangled with MOS when she swung her right arm to create distance for fear of being attacked by the PIC.

On May 3, 2023, Officer [REDACTED] submitted a UOF report, in which Officer [REDACTED] reported that Officer [REDACTED] pushed PIC [REDACTED] against the wall in his upper torso. Officer [REDACTED] reported that Officer [REDACTED] reached over him and struck the PIC in the facial area.

On May 3, 2023, Officer [REDACTED] submitted a UOFW report, in which Officer [REDACTED] provided a vague account of the events, in which he reported that he observed Officer [REDACTED] pushing PIC [REDACTED] up against the wall. Officer [REDACTED] did not report that Officer [REDACTED] had her hand on PIC [REDACTED] neck. Officer [REDACTED] reported that Officer [REDACTED] attempted to grab PIC [REDACTED] by reaching over him; Officer [REDACTED] did not report that Officer [REDACTED] struck the PIC.

UOF ID Number: 2239/23

On May 3, 2023, Officer [REDACTED] submitted a UOFW report that was partially consistent with Genetec video footage but did not provide a precise description regarding the part of the PIC's body that force was applied. Officer [REDACTED] reported that when he got closer, he witnessed Officer [REDACTED] with her hand around PIC [REDACTED] torso area. Officer [REDACTED] reported that Officer [REDACTED] attempted to throw a closed fist strike over Officer [REDACTED] back towards PIC [REDACTED].

On May 3, 2023, Officer [REDACTED] submitted a UOFW report that was generally consistent with Genetec video, and his location/line of sight at the time of the events. Officer [REDACTED] reported that he heard a commotion coming from down the tier and he witnessed PIC [REDACTED] being secured in the cell by DOC staff.

On May 3, 2023, Officer [REDACTED] submitted a UOFW report that was generally consistent with Genetec video footage, and his location/line of sight at the time of the events. Officer [REDACTED] reported that he was conducting a three-point search when he heard commotion. Officer [REDACTED] stopped the three-point search when he observed PIC [REDACTED] being secured to the wall.

On May 3, 2023, Officer [REDACTED] submitted a UOFW report that was generally consistent with Genetec video footage and his location/line of sight at the time of the events. Officer [REDACTED] reported that he was escorting a PIC to SEG intake when he heard commotion. Officer [REDACTED] reported that when he saw Officer [REDACTED] use an open-handed push towards PIC [REDACTED] upper body.

On May 3, 2023, Officer [REDACTED] submitted a UOFW report that was generally consistent with Genetec video footage and his location/line of sight at the time of the events. Officer [REDACTED] reported that he witnessed Officer [REDACTED] push PIC [REDACTED] towards the upper body and was guided into a cell by Officer [REDACTED].

Medical - Inmate(s)

1. Were all participant inmate(s) afforded medical attention?:

Yes

2. If received, did the participant inmate(s) receive prompt medical attention?:

Yes

3. Did the participant inmate(s)

No

UOF ID Number: 2239/23

receive medical attention outside of the facility (Urgent Care, hospital, etc.)? :

4. Was the injury to inmate report(s) obtained for the participant inmate (s)? : Yes

5. Were medical records obtained for the participant inmate(s) (HHC, hospital, etc.)? : No

If No: On May 20, 2023, PIC [REDACTED] was released from DO custody therefore, HIPAA forms could not be signed.

6. Did the participant inmate(s) sign medical release (HIPAA) forms? : No

If No: See above.

7. Were any other inmate(s) afforded medical attention (chemical agent exposure, etc.)? : No

8. If received, did the other inmate(s) receive prompt medical attention? : N/A

9. Was the injury to inmate report(s) obtained for the other inmate(s)? : N/A

Medical - Staff

1. Were any DOC employee(s) afforded medical attention following the incident? : Yes

2. If received, did the DOC employee (s) receive prompt medical attention? : Yes

3. Did the DOC employee(s) receive medical attention outside of the facility? (Urgent Care, hospital, etc.) : No

4. Was the medical attention form(s) obtained for DOC employee (s)? : Yes

5. Were medical records obtained for the DOC employee(s) (hospital, etc.)? : No

6. Did the DOC employee(s) sign medical release (HIPAA) forms? : No

If No: DOC staff were not asked to sign consent (HIPAA) forms.

Summary of Inmate and DOC employee injuries (Include time of medical treatment): PIC Injuries:

According to Injury Report (FY 23/1094) on May 3, 2023, at approximately 0820 hours PIC [REDACTED] was seen by medical staff and afforded prompt medical attention (one hour). PIC [REDACTED] refused medical attention and had no

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visible injuries.

Staff Injuries:

According to COD there were no staff injuries reported however, Officer [REDACTED] claimed injuries on her UOF Report to her right arm, facial area, and eye.

On May 3, 2023, according to the CHS Medical Treatment Form, Officer [REDACTED] [REDACTED] [REDACTED] seen by medical staff at GRVC at approximately 0859 hours where she complained of pain to the right side of the face, right wrist and right shoulder pain. Officer [REDACTED] was given an ice pack and she advised medical staff that she would drive herself to Urgi-care.

A Facility Referral has been generated as the facility failed to report these staff injuries.

Photographs

1. Did the facility take photographs of the participant inmate(s)?:

Yes

2. Were there any issues regarding the participant inmate(s) photographs taken by the facility? :

No

3. Did the facility take photographs of DOC employee(s)?:

Yes

4. Did the facility take photographs of the area of incident/alleged incident?:

No

5. Did the ID take photographs of the participant inmate(s)? :

No

If No:

On May 20, 2023, PIC [REDACTED] was released from DOC custody therefore, photographs could not be taken.

6. Did the ID take photographs of DOC employee(s)?:

No

7. Did the ID take photographs of the area of incident/alleged incident? :

No

If No:

Genetec video surveillance was sufficient for this investigation.

Other Evidence

1. Were any other relevant document(s) obtained that were not obtained during the Prelim?:

No

If Yes:

At the request of ID, the Facility produced a Court Production page to assist with identifying potential PIC witnesses; however, based on Genetec those PICs were not in the area, specifically, on the tier, at the time of incident. Additionally, Officer [REDACTED] Medical documentation was

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obtained to confirm the injuries sustained that she claimed on her Use of Force Report.

2. Was an OCME consult obtained?:

No

3. Were the participant/witness inmate (s) telephone recordings obtained and reviewed?:

Yes

If Yes:

A review of PIC [REDACTED] Securus phone calls between May 3, 2023, and May 4, 2023, revealed that PIC [REDACTED] made one (1) phone call, but there was no statement made that was relevant to the investigation.

4. Were the participant inmate(s) adjudication hearing(s) listened to?:

No

5. Were any other investigative actions taken?:

No

If Yes:

Investigator listened to PIC [REDACTED] SECURUS phone calls.

Issue(s)

1. Why was this incident made into a full ID investigation?:

Actual blows to the head.

2. Were there any other FULL ID criteria revealed during the investigation that were not mentioned during the Preliminary Review Process?:

No

3. Are there any issue(s) that are Undisputed between the participant inmate(s) and DOC employee(s)?:

No

4. Are there any issue(s) that are Disputed between the participant inmate(s) and DOC employee(s)?:

No

5. Did the participant inmate(s) make any other allegations (not UOF) against any DOC employee?:

No

6. Did any witness inmate(s) make any other allegations (not UOF) against any DOC employee?:

No

7. Was the UOF allegation substantiated?:

N/A

8. Was the incident avoidable?:

No

If Yes or No:

The incident that occurred inside the SEG Intake area when PIC [REDACTED] (who was rear cuffed at the time) elbowed Officer [REDACTED] in the facial area while Officer [REDACTED] was applying the waist chain set up. After PIC [REDACTED] elbowed Officer [REDACTED] Officer [REDACTED] pushed the PIC against the wall with her hand around the PIC's neck/throat. Officer

UOF ID Number: 2239/23

██████ used force that was unnecessary, excessive and unproportional to the threat PIC ██████ posed as the PIC was in restraints. Once Officers ██████ and ██████ separated PIC ██████ away from Officer ██████ to escort him to another cell, Officer ██████ struck the PIC to the back of the head, which was also unnecessary and excessive as PIC ██████ did not pose an imminent threat of serious bodily injury or death to her, or any of the other staff present.

9. Was the UOF necessary?:

No

If Yes or No:

See above.

10. Was the force used proportional to the threat posed?:

No

If Yes or No:

See above.

11. Was the UOF excessive?:

Yes

If Yes or No:

See above.

12. Was the UOF anticipated? :

N/A

If Yes or No:

See above.

13. Were there any findings not consistent with the preliminary investigation? :

No

14. Was the UOF/UOF Allegation reported to the COD within 1 hour?:

Yes

15. If not, is there a plausible explanation?:

No

16. Was any chemical agent dispensed during the incident?:

No

17. If so, were there any issues regarding the dispensing (too close, retaliatory, etc.)? :

N/A

18. Were there any other procedural violation(s)?:

No

Analysis of Evidence:

Based on the review of evidence, which included staff reports, medical documentation, Genetec video, IIS, Securus phone call audio, and a PIC statement documented during his Adjudication Hearing, on May 3, 2023, at approximately 0725 hours in GRVC Building 1 ESH Intake during court production, PIC ██████ was escorted out of a holding cell and a pat frisk of him was conducted by Officer ██████. Officer ██████ approached and secured PIC in mechanical restraints behind his back. PIC ██████ turned his upper body and elbowed Officer ██████ to the facial area. A review of Officer ██████ report revealed that she states that she used an open hand push to PIC ██████ upper body, which inadvertently slipped and made contact

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with the PIC's neck area. Additionally, Officer [REDACTED] reported that when her left arm was "entangled" with MOS, she swung her right arm in the direction of PIC [REDACTED] to create distance in fear of being attacked. Genetec video revealed that after she was assaulted, Officer [REDACTED] took a step back, then proceeded to place her hand around PIC [REDACTED] neck/throat then pushed the PIC up against the wall. Her hand remained at the PIC's neck/thr at until Officer [REDACTED] intervened and moved her hand. Officer [REDACTED] also placed himself between Officer [REDACTED] and PIC [REDACTED] and guided the PIC away from Officer [REDACTED]. Officer [REDACTED] arm was momentarily in ertw ned ith Officer [REDACTED] and as the officers ntinued o move PIC [REDACTED] away from Officer [REDACTED] ut Of icer [REDACTED] struck the PIC in the head ea with her ight hand when control of PIC [REDACTED] had alre dy been est blished. It has been determined that Officer [REDACTED] inefficiently performed her duties when she used unnecessary and excessive force on a restrained PIC. Based on the facts and evidence, Officer [REDACTED] violated the Use of Force Directive 5006R-D, which states that the Department strictly prohibits choke holds, and high impact strikes to the head unless an individual is in imminent danger or serious bodily injury and force shall only be used as a last resort on restrained PICs when they still present a danger to themselves or others. Additionally, Officer [REDACTED] submitted an inaccurate/false and misleading Use of Force Report that was inconsistent with Genetec video surveillance regarding her actions during the incident stating that her hand slipped, as though the grab of the neck was incidental, and she did not report that she struck the PIC in the head. She only reports at she swung her arm. Therefore, Officer [REDACTED] was suspended from duty between May 9, 2023, to May 29, 2023, and will be made the subject of a Memorandum of Complaint (#787/23). After she struck the PIC, Officer [REDACTED] placed his hand in front of Officer [REDACTED] holding her back. Officer [REDACTED] displayed unprofessional behavior, as she continued to pursue PIC [REDACTED]. Officer [REDACTED] was able to separate PIC [REDACTED] away from Officer [REDACTED] and the PIC was then secured in a cell.

A review of Genetec video revealed that Officer [REDACTED] and Officer [REDACTED] had unobstructed views of the initial interaction between Officer [REDACTED] and PIC [REDACTED] but they did not specifically mention that Officer [REDACTED] had her hand around the PIC's neck/throat. Specifically, Officer [REDACTED] used generalized language describing that Officer [REDACTED] pushed the PIC "in the upper torso" and Officer [REDACTED] reported that the PIC was pushed against the wall, without identifying the part of the body that force was applied. Genetec video revealed that Officer [REDACTED]

UOF ID Number: 2239/23

██████ was not looking at the PIC when Officer ██████ struck PIC ██████ in the head. Officer ██████ reported that Officer ██████ attempted to grab the PIC by reaching over him, which is plausible based on his position and line of sight at the time. Officer ██████ and Officer ██████ did not provide a precise description because they did not specify the PIC's body where force was used. Therefore, it has been determined that Officers ██████ and ██████ will be the subject of corrective action.

Officer ██████ reported that Officer ██████ placed her hand around PIC ██████ torso with one hand, and he reported that Officer ██████ attempted to strike the PIC over Officer ██████ back. Genetec video revealed that Officer ██████ individual line of sight may have been partially obstructed as he stood by the wall, diagonally from the immediate area, and behind Officer ██████ and Officer ██████. Officer ██████ ability to grab PIC ██████ at the torso with one hand would be challenging, if not impossible. The use of generalized language, such as "torso", did not provide a precise description of the part of the PIC's body where force was used. Therefore, it has been determined that Officer ██████ will be subject of corrective action.

Lastly, Genetec video revealed that Officers ██████, ██████, and ██████ reports were generally consistent with video surveillance based on their positions and individual lines of sight during the incident. Therefore, no corrective actions are necessary.

Officer ██████ sustained an injury during this incident that was not reported to the Central Operations Desk, in violation of Directive 5006 R-D. A facility referral will be forwarded to the facility to address this deficiency with the Tour Commander.

Conclusion and Recommendations:

The investigation concluded that Officer ██████ inefficiently performed her duties in which she used unnecessary and excessive force on a restrained PIC and did not submit an accurate UOF Report. Therefore, Officer ██████ will be made the subject of a Memorandum of Complaint (MOC #787/23) and was suspended from duty between May 9, 2023, to May 29, 2023. Officers ██████, ██████ and ██████ will be made the subject of Documented Counseling. Lastly, a Facility Referral has been generated as the facility failed to report staff injuries to the Central Operation Desk.

Investigation Findings:

Closed with Charges - Facility Referral

Status:

Completed

UOF ID Number: 2239/23

Created By:

[REDACTED]

Created Date:

May 28 2023 1:54PM

Updated By:

[REDACTED]

Updated Date:

Jun 7 2023 1:46PM

Deputy Warden Remarks:

Summary of Staff Reports:

Warden Remarks:

Summary of Staff Injuries:

Tour Commander Remarks:

Inmate Medical Findings:

New York City Department of Correction

Central Operations Desk

B Form (Revised May 10, 2007)

<u>REPORTING FACILITY</u> GRVC	<u>REPORTING DATE</u> 05/03/23	<u>REPORTING TIME</u> 09:10
<u>PERSON REPORTING INCIDENT</u> ADW [REDACTED]	<u>INCIDENT DATE</u> 05/03/23	<u>INCIDENT TIME</u> 07:24
<u>PERSON REPORTED TO</u> PS [REDACTED]	<u>INCIDENT TYPE</u> Use of Force	<u>INCIDENT STATUS</u> Actual

DESCRIPTION OF EVENT

AT 0910 HOURS, THE FACILITY REPORTED AT 0724 HOURS, IN THE INTAKE AREA (ESH), DURING COURT PRODUCTION, OFFICER [REDACTED] APPLIED HANDCUFFS TO INMATE [REDACTED] AND HE ELBOWED STRIKING TO THE FACIAL AREA. OFFICERS [REDACTED] AND [REDACTED] UTILIZED UPPER BODY CONTROL HOLDS TO SECURE THE INMATE AGAINST THE WALL AND ESCORTED TO PEN # 11. OFFICER [REDACTED] PUNCHED STRIKING THE INMATE TO THE BACK OF THE HEAD AREA AND HE RESISTED BY PULLING AWAY. OFFICER [REDACTED] RE-AFFIRMED THEIR UPPER BODY CONTROL HOLDS TO ESCORT AND SECURE THE INMATE IN PEN # 11, TERMINATING THE INCIDENT. ALL INMATE INJURIES ARE PENDING. THIS INCIDENT IS CLASSIFIED AS A "P" USE OF FORCE ASSAULT. VIDEO SURVEILLANCE: YES/CHEMICAL AGENT (OC) UTILIZED: NO. UPDATE: ON 05/10/23 THE FACILITY REPORTED THERE WERE NO STAFF AND INMATE INJURIES. THIS INCIDENT IS RECLASSIFIED AS A "C" USE OF FORCE.

<u>INMATE NAME</u>	<u>CASE NUMBER</u>	<u>NYSID</u>	<u>INJURY TYPE</u>	<u>CURRENT FACILITY</u>
[REDACTED]	[REDACTED]	[REDACTED]		George R. Verno Center

<u>STAFF NAME</u>	<u>TITLE</u>	<u>SHIELD/ID</u>	<u>INJURY TYPE</u>
[REDACTED]	CORRECTION OFFICER	[REDACTED]	
[REDACTED]	CORRECTION OFFICER	[REDACTED]	

COD NUMBER ASSIGNEDUSE OF FORCE NUMBER ASSIGNED

2239/23

CATEGORY OF INCIDENT CLASS

C

136

4SEN

UOF#2239/23

DATE May. 3. 2023

TO

ASSISTANT COMMISSIONER

FROM

ARJ

SUBJECT UOF - SEGI INMATE

COVERED YES -

OC

NO

STAFF

1. [REDACTED] TRANSPORTATION

2.

INMATE

1. [REDACTED]




(CL. 7. ERS-NO, NON-SEGI)

ON Wednesday, May 3 2023 at approx. 0724hrs [REDACTED] was being placed in RESTRAINTS (HOLD CUFFS) WITHOUT PROTECTION INMATE [REDACTED] ELKHOVE OFFICER [REDACTED] IN THE FACILITY AREA AT WHICH, TIME, OFFICER [REDACTED] UTILIZED UPPER BODY CONTROL HOLDS TO SECURE THE INMATE TO THE WALL. OFFICER [REDACTED] TOLDS OVER THE ESCORT HOLD AND GUIDED INMATE [REDACTED] TO THE CELL. OFFICER [REDACTED] THEN UTILIZED A CLOSED FIST PUNCH TO THE BACK OF INMATE [REDACTED]. INMATE [REDACTED] CONTINUED TO RESIST AND OFFICER [REDACTED] UTILIZED CONTROL HOLDS AND SECURED INMATE [REDACTED] INSIDE OF CELL #11 TERMINATING THE INCIDENT.

Respectfully Submitted

ARJ

ASSIGNED TO CAPT [REDACTED]

	CITY OF NEW YORK CORRECTION DEPARTMENT		
	George R. Verno Center		
	Incident Photo		
Type of Incident: UOF <input checked="" type="checkbox"/> COD <input type="checkbox"/> Other <input type="checkbox"/>		Date & Time of Incident: 05/03/2023 07:24	
UOF #: 2239/23 - P Incident Status: Actual		NYSID #: [REDACTED]	
First Name: [REDACTED]		Book & Case #: [REDACTED]	
Last Name: [REDACTED]		Inmate <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/>	
			
Photo Date: 05/03/2023 Photo Taken By: CAPTAIN [REDACTED] Investigating Supervisor: CAPTAIN [REDACTED] Photo Description: Other-REFUSED			



CITY OF NEW YORK CORRECTION DEPARTMENT

George R. Verno Center

Incident Photo



Type of Incident: UOF <input checked="" type="checkbox"/> COD <input type="checkbox"/> Other <input type="checkbox"/>	Date & Time of Incident: 05/03/2023 07:24
UOF #: 2239/23 - P Incident Status: <u>Actual</u>	Shield #: [REDACTED]
First Name: [REDACTED]	Book & Case #: N/A
Last Name: [REDACTED]	Inmate <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other <input type="checkbox"/>

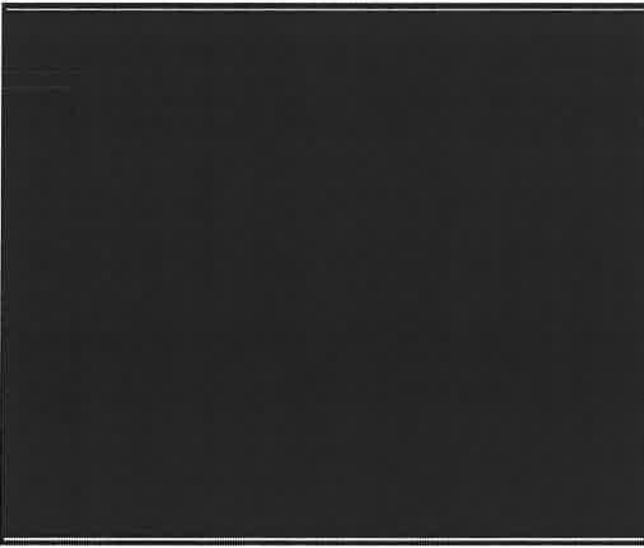








Photo Date: 05/03/2023
 Photo Taken By: Officer [REDACTED]
 Investigating Supervisor: Captain [REDACTED]
 Photo Description: Other-I JURY



	CORRECTION DEPARTMENT CITY OF NEW YORK		
INMATE VOLUNTARY STATEMENT FORM		Form: IVS-1 Eff.: 1/24/19	
Inmate's Name:			Date: 5/3/23
Book and Case Number:	Date of Birth:	Age: 34	Housing Area: 13A
<p>I hereby acknowledge that the following written statement issued was made VOLUNTARILY of my own free will without promise of reward, or under any threat of physical harm or fear of such. Additionally, you will not be subject to any form of retaliation for providing information in connection with this investigation by the New York City Department of Correction.</p>			
<p>Refused</p> <p style="font-size: 4em; opacity: 0.5; transform: rotate(-15deg); position: absolute; top: 20%; right: 10%;">TRIAL</p> <p style="font-size: 4em; opacity: 0.5; transform: rotate(-15deg); position: absolute; bottom: 20%; left: 10%;">CONFIDENTIAL</p>			
Inmate's Signature:	Refused		Date: 5/3/23
Witness by (print name):	Witness Signature:	Rank: CW	Shield Number:

	CORRECTION DEPARTMENT CITY OF NEW YORK		
	INJURY TO INMATE REPORT	Page 1 of 2 Pages	
INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed Investigation to Security.			
Command: GRVC	Date: 05-03-23	COD/UOF #:	Injury #: FY23/1094
TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY).			
Inmate Name (Last Name, First Name): [REDACTED]			
Location Where Injury Occurred: Seg Intake	Inmate's Housing Area: 13A	NYSID #: [REDACTED]	
Details: On Wednesday MON 03.2023 at approximately 0724 hours Inmate [REDACTED] was involved in an UOF with Doc staff			
Supervisor Notified (Print Last Name, First Name, Rank, Shield #): [REDACTED]			
Date: 5-3-23		Time: 0724 Hrs.	
Employee: I <input type="checkbox"/> (Did) <input checked="" type="checkbox"/> (Did Not) Witness This Injury.	Employee Full Name (print): [REDACTED]	Employee Signature: [REDACTED]	Rank/Title: CO
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)			
[REDACTED]			
[REDACTED]			

Form: #107R-A
Rev.: 10/3/19
Ref.: Dir. #4516R-D

Date:

	CORRECTION DEPARTMENT CITY OF NEW YORK	ATTACHMENT D	
HEARING REPORT AND NOTICE OF DISCIPLINARY DISPOSITION		Page 1 of 2 Pages	Form: 6500D Eff. : 07/09/21 Ref. : Dir. 6500R-G
Infraction #: 6291-23		Institution: GRVC/ ESH	
Individual's Name (Last, First): [REDACTED]		B&C/ Sentence #: [REDACTED]	NYSID #: [REDACTED]
Location: 13A		Disposition Date: 5/15/23	Disposition Time: 1:30 Hrs.
Adjudication Captain (Print Name, Rank & Shield #): Cost [REDACTED]			
Folder #: A-1911	Hearing Start Date: 5/11/23		Hearing End Date: 5/11/23
Individual's Accompanying card indicates Individual Received Rule Book: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Individual requested Witness(es): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied (If waived, individual must sign. If denied, state reason.) Reason: _____			
Individual requested Hearing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted (If yes, Hearing Facilitator must sign. If waived, individual must sign.) Facilitator: Reason: _____			
Individual Requested Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied (If yes, interpreter must sign. If waived, individual must sign. If denied, state reason.) Reason: _____			
If individual advised of right to remain silent was individual advised that statements could be used against him/her. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Special Situations			
Hearing in Absentia: <input type="checkbox"/> Individual Refused to Appear <input type="checkbox"/> Removed from Hearing Due to _____ Specify Reason _____			
Adjournment: <input type="checkbox"/> By Adjudication Captain Date Reconvened _____ ADW authorization beyond (5) business days _____ <input type="checkbox"/> By Individual Waived Time Limits to Facilitate Adjournment (Individual Signature) _____			
Referral: <input type="checkbox"/> Security <input type="checkbox"/> Mental Health <input type="checkbox"/> Inspector General			
Individual Pled: <input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty <input type="checkbox"/> Guilty with an Explanation Summary of individual's Testimony: * no plea given when asked it doesn't matter what I say			
The following witness(es) testified at your hearing. (If additional witnesses testified, attach additional sheets.)			
Witness Name (Last Name, First Name): _____		Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate): _____	
Witness Signature (Present at Hearing): _____			
Witness testified in the presence of the charged inmate: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____			
Summary of Testimony: _____			
Testimony was: <input type="checkbox"/> Credited <input type="checkbox"/> Rejected Reason: _____			
Witness Name (Last Name, First Name): _____			
Witness Signature (Present at Hearing): _____		Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate): _____	
Witness testified in the presence of the charged inmate: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____			
Summary of Testimony: _____			
Testimony was: <input type="checkbox"/> Credited <input type="checkbox"/> Rejected Reason: _____			

	CORRECTION DEPARTMENT CITY OF NEW YORK	ATTACHMENT D	
HEARING REPORT AND NOTICE OF DISCIPLINARY DISPOSITION		Page 2 of 2 Pages	Form: 6500D Eff.: 07/09/21 Ref.: Dir. 6500R-G

DOCUMENTARY EVIDENCE (Where applicable)

Photograph of Injury:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>6500 A-13</i>	Shown to Individual:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Photocopy of Weapon:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>105-1</i>	Shown to Individual:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reports - Specify Types:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>107A-A</i>	Shown to Individual:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Logbooks - Specify Types:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>5006-A-1</i>	Shown to Individual:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Infraction Investigation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>5006-A</i>	Shown to Individual:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Evidence (List):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shown to Individual:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Witness Statements (List Witnesses):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shown to Individual:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

On this date and time following disposition was reached after a hearing on the charges listed below: *5/15/23 1300*

Charge #	Dismissed	Penalty	Guilty	Not Guilty	Basis for Findings & Evidence Relied On
<i>10110</i>		<i>-</i>	<input checked="" type="checkbox"/>		<i>Based on staff reports & review of all supporting documents I conclude you</i>
<i>109110</i>		<i>-</i>	<input checked="" type="checkbox"/>		<i>did assault c.o. [redacted] with an elbow to the facial</i>
<i>127110</i>	<input checked="" type="checkbox"/>				<i>see # find you guilty of the following charges 10110 & 109110</i>

Commissary restriction for Grade I or Grade II offenses only: If yes: (select one)

Yes ☒ No ☐ Grade I (14 day freeze) ☒ Grade II (7 day freeze) ☐

If you have been found guilty of multiple rule violations, these penalties will be served: ☐ Consecutively ☒ Concurrently

Infraction Dismissed: ☐ Yes ☒ No

Reason:

Pre-Hearing Detention Time Credit: _____ Days.



Adjudication Captain (Print Name, Rank and Shield #): *[Signature]* Signature of Adjudication: *[Signature]*



You have the right to appeal an adverse decision rendered by the Adjudication Captain within two (2) days of service of this decision. If you have been sentenced to a total of thirty (30) days of punitive segregation or loss of all your good time on any one (1) Notice of Disciplinary Disposition (6500D), you may file a petition for a writ under Article 78 of the CPLR. If you are sentenced to less than thirty (30) days punitive segregation or loss of less than all your good time, you may appeal that decision to the Warden of the facility where the infraction occurred.

I certify that I received a copy of this notice: Signature of Individual: *Refused* Date: *5/14/23* Time: *0855*

Served by (Print Name, Rank and Shield #): _____ Signature of Server: _____

Refused to Sign for Notice: ☒ Yes ☐ No Witnessed By: _____

	CORRECTION DEPARTMENT CITY OF NEW YORK		ATTACHMENT D	
	HEARING REPORT AND NOTICE OF DISCIPLINARY DISPOSITION		Page 1 of 2 Pages	
Infraction #: 6291-23		Institution: GRVC/ ESH		
Individual's Name (Last, First): [REDACTED]		B&C/ Sentence #: [REDACTED]	NYSID #: [REDACTED]	
Location: 13A		Disposition Date: 5/15/23	Disposition Time: 1300 Hrs.	
Adjudication Captain (Print Name, Rank & Shield #): [REDACTED]				
Folder #: A-1911		Hearing Start Date: 5/11/23	Hearing End Date: 5/11/23	
Individual's Accompanying card Indicates Individual Received Rule Book: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Individual requested Witness(es): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied (If waived, individual must sign. If denied, state reason.)				
Reason:				
Individual requested Hearing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted (If yes, Hearing Facilitator must sign. If waived, individual must sign.)				
Facilitator Reason:				
Individual Requested Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied (If yes, interpreter must sign. If waived, individual must sign. If denied, state reason.)				
Reason:				
If individual advised of right to remain silent was individual advised that statements could be used against him/her. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable				
Special Situations				
Hearing in Absentia: <input type="checkbox"/> Individual Refused to Appear <input type="checkbox"/> Removed from Hearing Due to _____ Specify Reason				
Adjournment: <input type="checkbox"/> By Adjudication Captain Date Reconvened _____ ADW authorization beyond (5) business days _____				
<input type="checkbox"/> By Individual Waived Time Limits to Facilitate Adjournment (Individual Signature) _____				
Referral: <input type="checkbox"/> Security <input type="checkbox"/> Mental Health <input type="checkbox"/> Inspector General				
Individual Pled: <input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty <input type="checkbox"/> Guilty with an Explanation				
Summary of individual's Testimony: <i>no plea given when asked</i> <i>It doesn't matter what I say</i>				
The following witness(es) testified at your hearing. (If additional witnesses testified, attach additional sheets.)				
Witness Name (Last Name, First Name):		Rank/Title, Shield/ID # (If staff), B&C/Sentence # (If inmate):		
Witness Signature (Present at Hearing):				
Witness testified in the presence of the charged inmate: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason:				
Summary of Testimony:				
Testimony was: <input type="checkbox"/> Credited <input type="checkbox"/> Rejected Reason:				
Witness Name (Last Name, First Name):				
Rank/Title, Shield/ID # (If staff), B&C/Sentence # (If inmate):				
Witness Signature (Present at Hearing):				
Witness testified in the presence of the charged inmate: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason:				
Summary of Testimony:				
Testimony was: <input type="checkbox"/> Credited <input type="checkbox"/> Rejected Reason:				

	CORRECTION DEPARTMENT CITY OF NEW YORK	ATTACHMENT D	
HEARING REPORT AND NOTICE OF DISCIPLINARY DISPOSITION		Page 2 of 2 Pages	Form: 6500D Eff. : 07/09/21 Ref. : Dir. 6500R-G

DOCUMENTARY EVIDENCE (Where applicable)

Photograph of Injury:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>6500 A.B</i>	Shown to Individual: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Photocopy of Weapon:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>15-1</i>	Shown to Individual: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reports - Specify Types:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>167A-A</i>	Shown to Individual: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Logbooks - Specify Types:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>5006-A-1</i>	Shown to Individual: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Infraction Investigation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>5006-A</i>	Shown to Individual: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Evidence (List):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shown to Individual: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Witness Statements (List Witnesses):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shown to Individual: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

On this date and time following disposition was reached after a hearing on the charges listed below: *5/15/23 3:00*

Charge #	Dismissed	Penalty	Guilty	Not Guilty	Basis for Findings & Evidence Relied On
<i>1011D</i>		<i>-</i>	<input checked="" type="checkbox"/>		<i>Based on staff reports & review of all supporting documents I conclude you</i>
<i>1091D</i>		<i>-</i>	<input checked="" type="checkbox"/>		<i>did assault co [redacted] with an elbow to the facial</i>
<i>1271D</i>	<input checked="" type="checkbox"/>				<i>are & find you guilty of the following charges 1011D & 1091D</i>

Commissary restriction for Grade I or Grade II offenses only: If yes: (select one)
 Yes ☒ No ☐ Grade I (14 day freeze) ☒ Grade II (7 day freeze) ☐

If you have been found guilty of multiple rule violations, these penalties will be served: ☐ Consecutively ☒ Concurrently



Infraction Dismissed: ☐ Yes ☒ No
 Reason: _____

Pre-Hearing Detention Time Credit: _____ Days.



Adjudication Captain (Print Name, Rank, *Capt* [redacted]) Signature of Adjudicator [redacted]

You have the right to appeal an adverse decision rendered by the Adjudication Captain within two (2) days of service of this decision. If you have been sentenced to a total of thirty (30) days of punitive segregation or loss of all your good time on any one (1) Notice of Disciplinary Disposition (6500D), you may file a petition for a writ under Article 78 of the CPLR. If you are sentenced to less than thirty (30) days punitive segregation or loss of less than all your good time, you may appeal that decision to the Warden of the facility where the infraction occurred.

I certify that I received a copy of this notice:	Signature of Individual:	B&C/Sentence #:	Date:	Time:
Served by (Print Name, Rank and Shield #):	Signature of Server:			
Refused to Sign for Notice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Witnessed By:			

	CORRECTION DEPARTMENT CITY OF NEW YORK	ATTACHMENT A	
REPORT AND NOTICE OF INFRACTION		Form: 6500A Rev.: 07/09/21 Ref.: Dir. #6500R-G	
Infraction #: <u>10291-23</u>	Institution: <u>GRVC</u>	Date of Incident: <u>05/03/23</u>	Time Infraction Written: <u>1500</u>
Individual's Name (Last, First): _____		B&C Sentence #: _____	Date of Report: <u>05/03/23</u>
Location of Incident (Be Specific): <u>Seg Intake</u>		Housing Area Location: <u>13A/Cell 4</u>	Approximate Time of Incident: <u>0724</u> Hrs.
Charge #	Offense	Charge #	Offense
<u>101.10</u>	<u>Assault and Fighting</u>		
<u>109.10</u>	<u>Disrespect for Staff</u>		
<u>127.10</u>	<u>Threats</u>		
Reporting Official (Print Name, Rank and Shield #) _____ CO _____		Reporting _____	
Details of Incident (Include details as to How, When and Where Infraction was Committed): <p>On May 3, 2023 I CO _____ assigned to the transportation division, post M8 recorder entered GRVC Seg Intake at approximately 0724 hours. Inmate _____ was instructed to step out the pen to be pedigreed and pat frisked for New York court production. CO _____ assisted this writer and pat frisked said inmate and instructed inmate to place his hands behind his back to apply mechanical restraints. I CO _____ then placed the mechanical restraints on said inmate upon attempt to lock mechanical restraint said inmate elbowed this writer in the facial area making contact with right eye. The inmate then stated "this is what I do".</p>			
<p>You are entitled to a hearing for this infraction no sooner than twenty-four (24) hours after you are served with this notice. If you are a sentenced individual and you commit an infraction within twenty-four (24) hours prior to your discharge, and have not reached your maximum sentence expiration date, you may be served with charges and held for a hearing. The Department will make every effort to hold this hearing within three (3) business days of the service of this notice. This three (3) business day period excludes the day you are served, weekends, holidays, days you go to court (whether in person or via teleconference), days you are hospitalized or at a hospital attending a clinic, days you leave the facility for an attorney interview, days you are unavailable because you are transferred to another facility and days you are unavailable due to your absence from the facility for any purpose. The three (3) business day period is automatically extended by one (1) business day if you are transferred to another facility prior to your hearing (unless you are a Pre-Hearing Detention Individual). Commencement of a hearing after three (3) business days is at the discretion of the Adjudication Captain and is not barred by Department rules.</p>			
At your hearing you have the following rights: <ol style="list-style-type: none"> 1. Right to appear personally, unless you waive your right to appear, refuse to attend the hearing or appear at the hearing and become disruptive. 2. Right to make statements. If you choose to remain silent, your silence cannot be used against you. If you make a statement, such statement cannot be used in a subsequent criminal trial unless you have been given a Miranda Warning and then voluntarily testify. 3. Right to present material evidence. 4. Right to present witnesses. 5. Right to the assistance of a Hearing Facilitator. 6. Right to an interpreter if you cannot communicate well enough in English. 7. Right to appeal. 			
Within twenty-four hours of the Adjudication Captain reaching a decision of guilty, you will receive a copy of the "NOTICE OF DISCIPLINARY HEARING DISPOSITION" form informing you of the violation(s) you are found guilty of, the basis for that finding, the evidence relied upon and the penalty to be imposed. The following penalties are the maximum which may be imposed individually or in any combination: <ol style="list-style-type: none"> 1. Reprimand. 2. Loss of privileges. 3. Loss of good time if you are a sentenced inmate. 4. Punitive segregation for up to thirty (30) days per each applicable individual charge. 5. Restitution for intentionally damaging or destroying City property. <p>A commissary restriction will be imposed on all inmates found guilty of a Grade I (14 day freeze) or Grade II (7 day freeze) offense. You have the right to appeal an adverse decision rendered by the Adjudication Captain.</p>			
Interpreter Requested: <input type="checkbox"/> Yes (If yes, include what language) _____ <input checked="" type="checkbox"/> No			
Hearing Facilitator Requested: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Witness(es) Requested: <input type="checkbox"/> Yes (If yes, include witness(es) Name, Book and Case Number (if inmate) or Shield/ID (if staff) and Location (if inmate) or Post (if staff).) <input checked="" type="checkbox"/> No			
Witness (Print Name): _____		B&C Number: _____ Location: _____	
Witness (Print Name): _____		B&C Number: _____ Location: _____	
Witness (Print Name): _____		B&C Number: _____ Location: _____	
Witness (Print Name): _____		Shield/ID Number: _____ Post: _____	
I certify that I received a copy of this notice:		Signature of Individual: <u>Refused to sign</u>	Date: <u>5/8/2023</u> Time: <u>2355</u>
Served _____			
Refused to Sign for Notice: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Witnessed By: _____	

DISTRIBUTION: (SINGLE SIDED) COPY - NOTICE TO INDIVIDUAL (DOUBLE SIDED WITH FORM 6500B) COPY TO FACILITY

	CORRECTION DEPARTMENT CITY OF NEW YORK	ATTACHMENT B	
INVESTIGATION REPORT		Form: 6500B Rev.: 07/09/21 Ref.: Dir. #6500R-G	
Please indicate which of the following items are part of the investigation:			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Injury to Individual</div> <div style="width: 33%;"><input type="checkbox"/> Photos</div> <div style="width: 33%;"><input type="checkbox"/> Mental Health Clearances</div> <div style="width: 33%;"><input checked="" type="checkbox"/> UOF Reports</div> <div style="width: 33%;"><input type="checkbox"/> Drug Test Results</div> <div style="width: 33%;"><input type="checkbox"/> Other _____</div> <div style="width: 33%;"><input type="checkbox"/> Red ID/Enhanced Restraint Placement</div> <div style="width: 33%;"><input type="checkbox"/> NIK Reports (IU)</div> <div style="width: 33%;"><input type="checkbox"/> PHD (Specify where below)</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Witness Statements</div> <div style="width: 33%;"><input type="checkbox"/> Property Damage Report</div> <div style="width: 33%;"><input type="checkbox"/> Confidential Informant</div> </div>			
Date Investigation Started: 05/03/23		Date Investigation Concluded: 5/8/23	
INVESTIGATING OFFICIAL'S REPORT			
Investigating official's report shall include observations and conclusions of the physical and documentary evidence. Identify each item and/or document evaluated. If individual was served more than three (3) business days after incident, state why. Attach 600AR if necessary. If results of investigation indicate that no disciplinary action is warranted, specify the reason(s) for not pursuing disciplinary action.			
<p>On Wednesday, May 3, 2023 at approximately 0724 hours, officer [REDACTED] assigned to Transportation Division was in the GRVC Seg Intake for court production. Inmate [REDACTED] designated to be produced for court was given a direct order to step out of the cell to get pedigreed, pat frisked and secured in mechanical restraints. Officer [REDACTED] assisted officer [REDACTED] by conducting the pat frisk of inmate [REDACTED] and upon completion instructing said inmate to place his hands behind his back to be secured in mechanical restraints. Officer [REDACTED] secured inmate [REDACTED] in mechanical restraints when without provocation said inmate assaulted officer [REDACTED] with an elbow to her facial area resulting in injury to her right eye. Inmate [REDACTED] followed his assaultive behavior stating "this is what I do". Inmate [REDACTED] refused to give this writer a written or verbal statement.</p> <p>Based on the officers report for this investigation, I find that the charges (101.10) Assault and Fighting, (109.10) Disrespect for Staff and (127.10) Threats are substantiated and should be referred to the adjudication unit for a hearing and resolution.</p>			
Statement of Individual Charged: Inmate [REDACTED] refused to give a written or verbal statement			
Statement of Witness(es) - (If more witnesses, attach additional sheets)			
Witness Name (Last, First):		Rank/Title, Shield/ID (If staff) B&C#/Sentence# (If individual):	
Statement (If none, state such):			
Witness Name (Last, First):		Rank/Title, Shield/ID (If staff) B&C#/Sentence# (If individual):	
Statement (If none, state such):			
Was Individual Mirandized in connection with this Infraction? <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Individual transferred pending hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where?		If PHD, check <input type="checkbox"/> Date: Time:	
Investigating Officer: [REDACTED]		Investigating Official (Print Name, Rank and Shield #): [REDACTED]	

30-MAY-23 09:29

Infractions Inquiry (QIF)

BK&CS: [REDACTED] Name: [REDACTED] [REDACTED] NYSID: [REDACTED]
Classification: 14 MAX Housing Type: Current Facility: DISC
Detained Adult Male DOB: [REDACTED] AGE: 34 Sent#:

Branch to:

INM_INFR_NQ

Seq	Infrac#	Date	Facil	Adj Date	High Chg	High Chg Description	Dsp
1	0313-23	02-MAY-23	MTF3	08-MAY-23	101.12	Assault by injury inflicted	G
2	6291-23	03-MAY-23	GRVC	11-MAY-23	101.10	Assaults staff or at mpts	G

11-MAY-23 06:10

INMATE INQUIRY SCREEN(OINQ)

Preferred Name: [REDACTED]
 BK&CS: [REDACTED] Name: [REDACTED] NYSID: [REDACTED]
 Remarks: PROTECTIVE CUSTODY [REDACTED]
 Status: DE DOB: [REDACTED] (34) Admit Date: [REDACTED] Admit Loc: CNC1 SRG:
 Hou Loc: GRVC 13A-UPPER Cur Loc: TRAN Perp_SS: PSEG Time Owed: Red ID:
 Transferred from: CLIN Transferred to: GRVC OTP? No ICE Interv: ICR:
 Transf Date: 11-MAY-23 CL: PC HS Desig: HS Hous: HS Ovr: HS Ref: ERS:
 Sent Date: Projected Disc Date: Sent#: WAR:
 Sent Time: Disc Date: Split Sent:
 Next Court Date: 17-MAY-23 Disc Code: All JTIM Entered?:

BAIL INFORMATION						
DOCKET#	INDICT#	CHARGE	CONV DATE	SENT DATE	BAIL	Disp.
[REDACTED]						

Branch to:

INM_DET_INQ

CONFIDENTIAL

30-MAY-23 09:29

Infractions Inquiry (QIF)

[REDACTED] Name: [REDACTED] [REDACTED] NYSID: [REDACTED]
Classification: 14 MAX Housing Type: Current Facility: DISC
Detained Adult Male DOB: [REDACTED] AGE: 34 Sent#:

Branch to:

INM_INFR_NQ

Seq	Infrac#	Date	Facil	Adj Date	High Chg	High Chg Description	Dsp
1	0313-23	02-MAY-23	MTF3	08-MAY-23	101.12	Assault by injury inflicted	G
2	6291-23	03-MAY-23	GRVC	11-MAY-23	101.10	Assaults staff or at mpts	G

24-MAY-23 09:30

Inmate Movement History Log (QHMOV)

BK&CS: [REDACTED]

Name: [REDACTED]

NYSID: [REDACTED]

Admit - Location: CNC1

Date: 22-MAR-23

Time: 01:27:25

Disch - Location: GRVC

Date: 20-MAY-23

Time: 14:23:52

Branch	Date	Time	From	To	Reason Code	Housing Facility	Housing Area
	15-MAY-23	12:19:10	CLIN	GRVC	XFER	GRVC	13A-UPPER
	17-MAY-23	01:18:43	GRVC	CLIN	CLINIC	GRVC	3A-UPPER
	17-MAY-23	01:18:44	CLIN	GRVC	OTHRET	GRV	3A-UPPER
	17-MAY-23	10:17:59	CLIN	GRVC	XFER	GRVC	13A-UPPER
	20-MAY-23	14:24:05	GRVC		DISC		

24-MAY-23 17:45

Inmate Movement History Log (QHMOV)

BK&CS: [REDACTED]

Name: [REDACTED]

NYSID: [REDACTED]

Admit - Location: CNC1

Date: 03-FEB-23

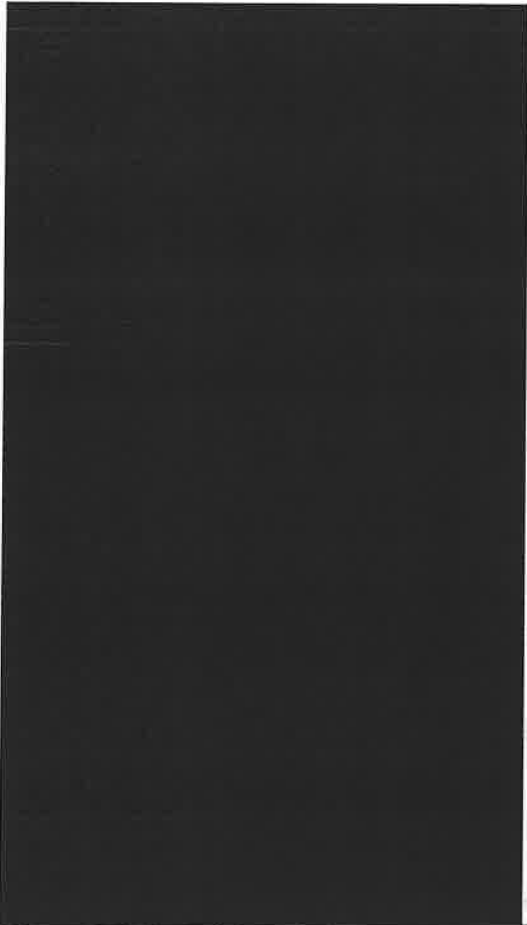
Time: 00:32:24

Disch - Location:

Date:

Time:

Branch	Date	Time	From	To	Reason Code	Housing Facility	Housing Area
-----	-----	-----	-----	-----	-----	-----	-----
	03-MAY-23	00:16:44	GRVC	SNC1	CRT	GRVC	13B-LOWER
	03-MAY-23	07:49:17	GRVC	SNC1	CRT	GRVC	3B-LOWER
	03-MAY-23	09:36:45	SNC1	SNC9	XFER	GRV	3B-LOWER
	03-MAY-23	10:07:48	SNC1	SNC9	CRT	GRVC	13B-LOWER
	03-MAY-23	10:07:54	SNC1	SNC7	XFER	GRVC	13B-LOWER
	03-MAY-23	10:13:15	SNC1	SNC7	CRT	GRVC	13B-LOWER
	03-MAY-23	12:32:16	SNC7	GRVC	CRTRET	G VC	13B-LOWER
	03-MAY-23	16:20:33	SNC7	GRVC	CRTRET	GRVC	13B-LOWER
	19-MAY-23	16:36:35	GRVC	AMKC	XFER	GRVC	RR
	19-MAY-23	18:22:08	GRVC	AMKC	XFER	AMKC	RR
	19-MAY-23	23:22:34			HOUSING	AMKC	QUAD-U19

	FIRST VANS	B&C	HOUSING AREA	COURT
1			4B	SCK
2			9A	SCK
3			13B	SCN ✈
4			8B	CCX
5			9B	SCQ
6			10A	SCK
7			7A	SCK
8			15B	CCX
9			9A	CCN
10			4A	SCK
11			9B	SCX
12			4B	CCX
13			1A	SCQ
14			5B	SCN
15			4B	CCX
16			11A	SCN

G.R.V.C. COURT BREAKDOWN REPORT

DATE: 5/3/23

1-		1	
2-		0	
3-		5	
4-		1	21 SEG.
5-			47 G.P.
6-			68 TOTAL
7-			
8-			
9-			
10-			
11-			
13-			
15-			
17-		A-4	B-2
19-			
12-			
			TOTAL

51

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N.Y.C. DEPARTMENT OF CORRECTION - INMATE INFORMATION SYSTEM

NEXT COURT DATE - INMATE ALPHABETICAL LIST

		GRVC		03-MAY-23								
LASTNAME	FIRST NAME	VEH	PRI	BK&CS #	NYSID #	HOUSING AREA	COURT	COURT PART	WAR	OTF	SENTENCE #	
		2				9B	CNC2	A				
		2				9B	CNC2	21				
		2				9B	CNC2	21				
		2				11A-UPPER	SXG1	T14				
		2				13A-UPPER	I-AMKC	VTC-AMKC	SC. H			
		2				7B	SQ01	K14				
		2				17B-UPPER	SKJ3	19				
		①				4B	SKJ3	18	Trial Attire			
		①				9A	SKJ3	15	Trial Attire			
		2				10B	CXE1	AP2				
		2				15A-LOWER	SNC5	22		Y		
		①				13B-LOWER	SNC1	GWP1				723-0387
		2				7B	SKJ3	DV				
		2				13A-LOWER	SKJ3	AP1P				
		2				15A-UPPER	SNC1	TAPB				
		2				7B	CQ01	JP1				
		2				7B	CQ01	AP6				
		2				7B	CNC2	F				
		①				8B	CXB1	F	Bring Property			
		2				15B-LOWER	SNC1	E2				
2				17A	SKJ3	AP1P						
2				3B	SQ01	K7						
2				7B	CQ01	H7						

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PAGE

N.Y.C. DEPARTMENT OF CORRECTION - INMATE INFORMATION SYSTEM

NEXT COURT DATE - INMATE ALPHABETICAL LIST

		GRVC		03-MAY-23								
LASTNAME	FIRST NAME	VEH	PRI	BK&CS #	NYSID #	HOUSING AREA	COURT	COURT PART	WAR	OTP	SENTENCE #	
		2				4B	BNC9	21				
		2				4B	CNC2	A				
		2				4B	BNC9	21				
		2				4B	BNC9	21				
		2				4B	CNC2	A				
		1				9B	SQK1	TAPD				
		2				17A	SKJ3	15				
		2				11B-LOWER	SNC1	31				
		2				5A	SKJ3	25				
		1				10A	SKJ3	21				
		2				11B-LOWER	CXK1	T17				
		2				11B-LOWER	SKG1	11				
		2				4A	CXK1	JD/T				
		2				8B	SQK1	K22				
		2				8A	BNC1	32				
		2				15B-UPPER	CNC2	F				
		2				15B-UPPER	BNC2	F				
		2				15B-UPPER	CNC2	A				
		2				15B-UPPER	CNC2	A				
		1				7A	SKJ3	23				
		2				4B	CRT1	F				
		2				3D	CXK1	T17				
		2				19B	SNC1	42				

TRIAL

Trial Attire



Trial Attire

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PAGE

N.Y.C. DEPARTMENT OF CORRECTION - INMATE INFORMATION SYSTEM

NEXT COURT DATE - INMATE ALPHABETICAL LIST

		GRVC		03-MAY-23								
LASTNAME	FIRST NAME	VEH	PRI	BK&CS #	NYSID #	HOUSING AREA	COURT	COURT PART	WAR	OTP	SENTENCE #	
		1				15B-LOWER	6001	K3				
		1				15B-LOWER	CXE1	TAP1				
		1				9A	CNC2	JURY2				
		2				5A	SNC1	TAP3				
		2				6A	SNC1	TAP3				
		2				10	SKJ3	9				
		2				19B	COQ1	AP1				
		1				4A	SKJ3	21				
		2				7A	SKJ3	DV				
		2				13B-LOWER	SKA3	GRANDJUR		Y		
		1				9B	SKG1	77				
		1				4B	CXE1	T17				
		1				4B	CXE1	T17				
		1				4B	CXE1	T17				
		2				4B	SNC1	42				
		2				19A	CNC2	F				
		1				1A	SQO1	K3				
		1				1A	SQO1	K3				
		1				1A	SQO1	K3				
		2				11A-UPPER	SKJ3	19				
		1				5B	SNC1	51				
		2				11A-UPPER	SKJ3	19				

Trial Attire

Civ. Clothes

Civ. Clothes

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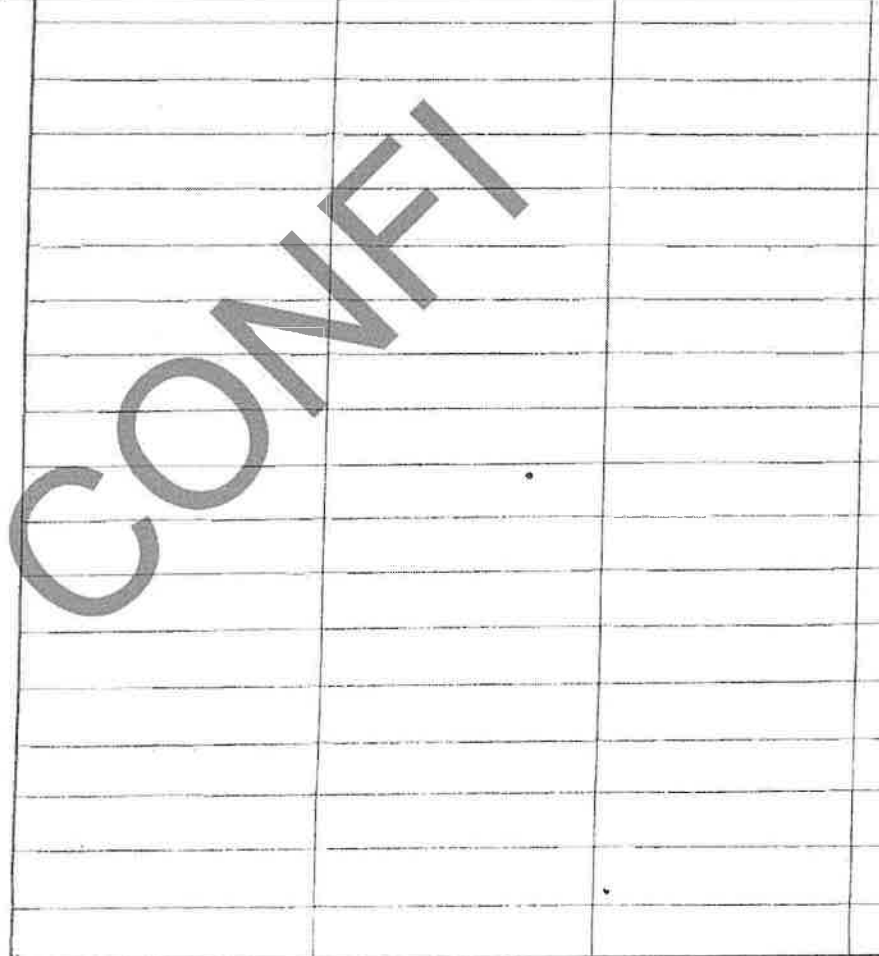
N.Y.C. DEPARTMENT OF CORRECTION - INMATE INFORMATION SYSTEM

NEXT COURT DATE - INMATE ALPHABETICAL LIST

		GRVC		03-MAY-23					
LASTNAME	FIRST NAME	VEN	PRI	BK&CS #	NYSID #	HOUSING AREA	COURT	COURT PART	WAR OTP
[REDACTED]	[REDACTED]	2				5B	SXG1	T24	
		2				9A	SXG1	R25	
		2				9A	SXJ3	18	Force Order
		2				17B-LOWER	SXG1	27	
		2				17A	CKG9	AP3	
		2				17A	CKS9	AP3	
		2				9B 15A	SXJ3	12	Force Order
		2				8A	SXJ3	AP1P	
		①				4B	CKE1	31	Trial Hire
		2				4B	CKB1	41	
		2				3B	SQK1	TAPA	
		2				7A	SNC1	42	

CONFIDENTIAL

3-May-2023

LAST NAME	FIRST NAME	B&C #	HOUSE	COURT
			4B	Mt. Hood
			3A	WF
			7A	WF
			11A	WF
			17B	WF
			15B	WF
			19A	WF
			17A	WF
			11A	SCN
			13A	CON
			5A	SCN
				

CONFIDENTIAL

CITY OF NEW YORK - CORRECTION DEPARTMENT				FORM #5006-A	Eff.: 9/27/2017
USE OF FORCE REPORT					
INSTRUCTIONS: PRINT ALL INFORMATION			PART A		
To be completed by any member involved in a use of force incident. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.					
Facility: GRVC		Report Date: 05/03/23	Incident Date: 05/03/23	Incident Time: 0734	DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input checked="" type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE
Location Where Incident Occurred:		Post Assigned at Time of Incident:		Facility Incident #: COD Use of Force #: COD Unusual # If any:	
Was Supervisor notified before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		If YES, write in full NAME, RANK and SHIELD #:			
Which Supervisor was notified after the incident? Write in full NAME, RANK and SHIELD #:		Time Notified:			
State name(s) of inmate(s) against whom force was used:					
1. Last Name: First Name: B&C or Sent. Number:		Infraction Written? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
2. Last Name: First Name: B&C or Sent. Number:		Infraction Written? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):					
<p>1 C.O. [redacted] assigned to the 700 post m/c Recorder enter GRVC 500 intake at approx 0705 hours individual [redacted] was instructed to step out the production. C.O. [redacted] assisted this writer with court production. C.O. [redacted] instructed individual to place his hands behind his back to apply mechanical restraints said individual complied. 1 C.O. [redacted] placed the mechanical restraints on said individual upon attempt to lock mechanical restraint said individual elbowed this writer in the right eye Force was not anticipated.</p>					
Were alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:					
Describe the incident and the specific force used:					
<p>C.O. [redacted] assisted this writer with court production. C.O. [redacted] instructed individual and instructed individual to place his hands behind his back to apply mechanical restraints. Said individual complied. C.O. [redacted] placed the mechanical restraints on individual. Upon attempt to lock mechanical restraints said individual elbowed this writer in the right eye and facial area without warning or provocation. This writer simultaneously used open hand push to the upper body with my right hand which inadvertently slipped and made contact with said individual neck area due to the difference in height and said individual was bigger than this writer. The intake staff tried to secure said individual the writer left arm was</p>					

Continued on Reverse Side

6 (Continued)

entangled with M.O.S at this time. This writer swung right arm in the direction of said individual to create distance in fear of being attached individual was screaming "yeah this is what I do" I am writing this report based upon my immediate recollection of the incident at this point. I hereby reserve the right to amend this report pursuant to my further clarity of the incident and possible review of the video evidence.

7 Explain in detail why force was necessary to control the situation:

To prevent individual from further attacking this writer.

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Upper body

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident? ☐ YES ☒ NO If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	C.O.	[REDACTED]	

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	C.O.	[REDACTED]	

Name	Rank/Title	Shield/ID Number	Account of Actions

11 Did any other inmates witness the incident? ☐ YES ☒ NO If YES, specify:

Last Name	First Name	Book and Case or Sentence Number

12 Were you responsible for escorting the inmate(s) to the clinic? ☐ YES ☒ NO

If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

13 Did you claim any injuries as a result of the incident? ☒ YES ☐ NO

If YES, describe your injuries and how each was sustained:

Right Arm, Facial Area, Eye.

Submitted by: [REDACTED]

Signature:

5/3/23, 9:15 AM

<https://crpvms2chsws01.corp.nychhc.org/METNII/PrintNursing.aspx>

DOF # 2239/23

NYC
HEALTH+
HOSPITALSCORRECTIONAL
HEALTH

PATIENT HEALTH INFORMATION SUMMARY

First Name: [REDACTED] Last Name: [REDACTED] DOB: [REDACTED] DO: [REDACTED]

Nursing

Completed by: [REDACTED] Completed Date: 05/03/2023 8:59AM

Patient Staff Classification:

DOC Staff

Referred By:

Self

Clinic Facility:

George R. Vierno Center

Location of Incident:

Other; Seg Intake

Treatment Location (Initial):

DOCITS

Employee reported for medical attention on:

05/03/2023 Time: 8:50AM

Chief Complaint:

She is c/o pain to right side of face, to right wrist and right shoulder after being hit by an inmate

Vital Signs:

Pulse: 95; RR: 17; Temperature: 98.00; BP: 128 / 90; O2: 100

Nursing Disposition:

Refer to in-person Provider

5/3/23, 9:16 AM

<https://crpvm2chsws01.corp.nychhc.org/METNII/PrintNursing.aspx>

CORRECTIONAL HEALTH

PATIENT HEALTH INFORMATION SUMMARY

First Name: [REDACTED] Last Name: [REDACTED] Dob: [REDACTED] DOC Badge [REDACTED]

In-Person Provider

Completed by: [REDACTED] Completed Date: 05/03/2023 9:15AM

Location of Patient Evaluation:	DOCITS
Reason For Visit:	Other: Assault on staff
Is this Visit Caused by use of force?:	Yes
Subjective (Complaint)/Mechanism of Injury:	She is c/o pain to right side of face ,to right wrist and right shoulder after being hit by an inmate
Provider Order:	Other: ice pack applied to the area
Objective/Physician Findings:	she is in nad
Assessment:	injury to right side of face ,to right wrist and right shoulder.
Plan:	routine transfer to urgicare, however she claims that she will drive to urgicare by herself
Provider Disposition:	Routine transfer to hospital or urgent care

New York City Department of Correction
Employee Detail Report – [REDACTED]

Date: May 09, 2023

Personal Information

[REDACTED]

Job Information

Status:	B - ACTIVE	Facility:	TRANSPORTATION DIVISION
Agency Start Date:	August 06, 2015	Job Title:	CORRECTION OFFICER
Work Phone:		Rank Date:	August 06, 2015
Shield #:	[REDACTED]	Civil Serv Status:	C - Permanent - Competitive
ID Card #:	[REDACTED]	Pension #:	[REDACTED]
		Pension Tier:	[REDACTED]

Weapon Information

Use	Manufacturer	Model	Serial #	Caliber	Barrel	Type	Purchased Dt.	Disposition	Disp. Date	Dt. Qual. Test	Qualified
PPF	GLOCK	19	AFBP790	9MM	4"	P	February 17,	ADDED	February 25,	June 22,	YES
SER	SMITH & WESSON	5946	VZT4847	9MM	4"	P	January 01,	ADDED	January 01,	April 12,	YES

FROM: COMMISSIONER'S ORDER MSG#: 2023-003842
 TO : SENT: 05/15/23 1448 HRS PRIORITY: 2
 SUBJ:

TELETYPE ORDER NO. HQ -01115-0
 DATE MAY 15, 2023
 TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS
 FROM [REDACTED] ACTING COMMISSIONER
 SUBJECT PERSONNEL ORDERS - SUSPENSION FROM DUTY
 (UPDATED-REF:TELETYPE NO. HQ -01087-0)

1. THE BELOW LISTED MEMBER OF THE DEPARTMENT IS SUSPENDED FROM DUTY WITHOUT PAY, PENDING DISPOSITION OF CHARGES:

SUSPENDED EMPLOYEE

<u>NAME</u>	<u>RANK/TITLE</u>	<u>SHIELD NO.</u>	<u>ASSIGNMENT</u>
[REDACTED]	C.O.	[REDACTED]	T.D.

2. SUSPENSION PERIOD:

FROM : 1051 HOURS, 05/09/23
 * TO : 0001 HOURS, 05/29/23
 (* INDICATES UPDATED MATERIAL)



3. THE SUPERVISOR EFFECTING THE SUSPENSION OF THIS EMPLOYEE IS DIRECTED ENSURE THE EMPLOYEE IS AFFORDED A COPY OF DIRECTIVE NO. 7504R-B. REGARDING PROCEDURES FOR EMPLOYEE ON SUSPENSION AND THE COMPLETION AND FORWARDING OF FORM 4511K 'NOTICE OF REVOCATION OF FIREARM PRIVILEGES' TO THE FIREARMS AND TACTICS UNIT, ATTN: SECRETARY OF THE FIREARMS REVIEW BOARD AS REQUIRED BY DIRECTIVE NO.4511R-B (FIREARMS POLICY AND PROCEDURES).

4. THE COMMANDING OFFICER I.D.
 IS DIRECTED TO ENSURE PROMPT SUBMISSION OF THE COMMISSIONER'S '24 HOUR REPORT' CONTAINING THE FACTS AND CIRCUMSTANCES REGARDING THIS SUSPENSION AS REQUIRED BY SECTION III.C1.H. OF DIRECTIVE NO. 7504R-B.

5. THE COMMANDING OFFICER I.D.
 IS DIRECTED TO ENSURE PROMPT SUBMISSION OF THE APPROPRIATE MEMORANDUM OF COMPLAINT IN ACCORDANCE WITH THE PROVISIONS OF OPERATIONS ORDER #9/87, DATED MARCH 9, 1987.

6. RESTORATION OF THE ABOVE EMPLOYEE'S PRIVILEGE TO PURCHASE, POSSESS CARRY ANY FIREARM SHALL BE SUBJECT TO THE PROVISIONS OF DIRECTIVE NO.4511R-B

AUTHORITY:
 OFFICE OF THE COMMISSIONER
 LML/MB

	CORRECTION DEPARTMENT CITY OF NEW YORK	FORM NO 7504R REV 02/10/00 REF. DIR. 7504RA	
NOTICE OF SUMMARY SUSPENSION FROM DUTY			
SECTION "A" EMPLOYEE INFORMATION			
Last Name:	First Name:	Rank/Title: Correction Officer	
Shield/I.D. #:	Employee Reference #:	Command/Unit: TRANSPORTATION DIVISION	
SECTION "B" REASON FOR SUSPENSION			
Date of Alleged Violation(s): 05/03/2023			
Description: Officer [REDACTED] is summarily suspended from duty pursuant to an ongoing investigation into use of force # U2239/23			
SECTION "C" AUTHORIZATION			
Suspension Requested By: [REDACTED] Acting Deputy Commissioner		Suspension Authorized By: [REDACTED] Commissioner	
SECTION "D" PERIOD OF SUSPENSION			
Date Suspension Effective: 05/09/2023		Time Suspension Effective: 1051 HOURS	
Date Suspension Completed: TBA		Time Suspension Completed: TBA HOURS	
SECTION "E" SERVICE OF NOTICE			
Service Effected By: [REDACTED]		Date: 05/09/23	Time: 1052 HOURS
SECTION "F" RECEIPT / NOTICE OF APPEAL			
This suspension will be automatically reviewed by the Summary Suspension Review Committee. You may submit a written appeal to the committee at any time during the suspension period, by writing to the Summary Suspension Review Committee, C/O Assistant Commissioner, E.E.O., at Bulova Corporate Center, 75-20 Astoria Blvd; Suite 390, East Elmhurst, NY 11370. See Directive 7504R-A. Any changes or modifications of this suspension will be transmitted to you by your Commanding Officer.			
THIS IS TO VERIFY THAT I HAVE BEEN SERVED WITH THIS NOTICE OF SUMMARY SUSPENSION FROM DUTY <input type="checkbox"/> WITH PAY <input checked="" type="checkbox"/> WITHOUT PAY.			
Employee's Signature: [REDACTED]		Date: 05/09/2023	



**CITY OF NEW YORK
DEPARTMENT OF CORRECTION
MEMORANDUM OF COMPLAINT**

Case: U2239/2023

SECTION A

DATE: May 16, 2023,

FACILITY: Transportation Division (TD)

TO: CHIEF OF DEPARTMENT

MEMORANDUM OF COMPLAINT #:

SECTION B**EMPLOYEE INFORMATION**

LAST NAME: [REDACTED]

FIRST NAME: [REDACTED]

RANK: Correction Officer

SOCIAL SECURITY NUMBER: [REDACTED]

ASSIGNMENT: Transportation Division

DATE OF APPOINTMENT: August 6, 2015

DATE OF PROMOTION TO PRESENT RANK:

MODIFIED ASSIGNMENT: [] YES [X] NO

PROBATIONARY: [] YES [X] NO

CHRONIC ABSENT: [] YES [X] NO

SECTION C**COMPLAINT INFORMATION**

A. COMMAND DISCIPLINE REFUSAL [] YES

[] NO

B. SUMMARY SUSPENSION? [X] YES

[] NO

C. SUMMARY OF FACTS AND CIRCUMSTANCES:

On May 3, 2023, at approximately 0724 hours, (Genetec angle: [REDACTED]) within the confines of George R. Vierno Center (GRVC) ESH Intake: Dining Court production, Officer [REDACTED] proceeded to secure PIC [REDACTED] (B [REDACTED]) hands behind his back by applying mechanical restraint onto his wrist. Without warning, PIC [REDACTED] utilized his elbow striking Officer [REDACTED] in her head/facial area. Officer [REDACTED] immediately extended her hand in a C shape and grabbed the PIC's neck. Simultaneously, Officer [REDACTED] and [REDACTED] intervened by grabbing and guiding PIC [REDACTED] away from Officer [REDACTED]. However, Officer [REDACTED] followed behind and struck the PIC in the rear of his head. Instantaneously, an officer quickly grabbed Officer [REDACTED] while Officer [REDACTED] escorted and secured the PIC inside a cell terminating the incident.

Genetec video surveillance angles [REDACTED] were reviewed for May 3, 2023, from 0720 to 0730 hours, in GRVC, Intake area. Video footage depicted the incident as narrated above.

Based on the details presented, the Investigation Division determined that the initial response of Officer [REDACTED] grabbing PIC [REDACTED] throat was spontaneous. However, the department strictly prohibits using high-impact force, especially when staff members or other personnel are not in imminent danger. Officer [REDACTED] pursued the individual and applied unnecessary and excessive force by purposely striking the PIC to his head. Officer [REDACTED] and [REDACTED] who witness the force, immediately attempt to stop and/or reduce the force used by intervening to de-escalate the confrontation. It was further revealed that Officer [REDACTED] deliberately submitted a false and/or misleading report regarding the incident. The staff report and Genetec footage contradict the officer's report by depicting the officer's excessive and unnecessary actions. As a result, On May 3, 2023, this incident was recommended by [REDACTED] Acting Deputy Commissioner, and approved by [REDACTED] Commissioner, for Immediate Action. On May 9, 2023, Officer [REDACTED] was suspended from duty (20 days). Nevertheless, a Memorandum of Complaint (MOC) is being generated, recommending formal disciplinary charges for Officer [REDACTED] actions.

Officer [REDACTED] Discipline History:

Command Discipline: CD Log# 1277/18 and Command CD # TD# 034/18 Charge #3.05.120.
Penalty: 1day

COMPANION CASES (YES or NO): No
LIST MOC# :

MOC #

Case:

SECTION D

VIOLATION INFORMATION :

Department Directive 5006 R-D, § II, B-F: Staff shall use practical techniques to prevent Use of Force situations and/or resolve them without physical force consistent with Department training and policies. When using force, staff shall always use the minimum amount necessary to stop or control the resistance or threat encountered and it must be proportional to the resistance or threat encountered. The Department has a zero policy for excessive and unnecessary force. Staff shall cease use of all force when control of the inmate has been established. The use of excessive and/or unnecessary force is expressly prohibited.

Department Directive 5006 R-D, §II, G.1: The Department strictly prohibits the use of high impact force, including: Strikes or blows to the head, face, groin, neck, kidneys, and spinal column.

Department Directive 5006 R-D, §II, J: Staff are prohibited from deliberately submitting a false and/or misleading report regarding a Use of Force incident.

Department Directive 5006 R-D, §IV, E: Carotid Restraint Hold: the bilateral (two-sided) compression of the carotid arteries and jugular veins at the sides of the neck, which may result in diminished blood flow to the brain. This abrupt reduction of blood significantly affects the ability of the brain to remain in an "awake state" and leads to unconsciousness.

Department Rules and Regulations, 2.30.010: Correction Officers shall be held responsible for the safety, sanitation, and security of their posts, for the proper care, custody, control and treatment of inmates, and the enforcement of the Rules and Regulations of the Department and the command.

Department Rules and Regulations, 3.05.120: Members of the Department are responsible for the efficient performance of their duties and for the proper supervision of any inmates under their direction.

Rule and Regulation 3.20.030.1: Members of the Department found guilty of any of the following offenses may be dismissed from the Department or suffer such other punishment as the Commissioner may direct: Violation of the rules and regulations

Rule and Regulation 3.2.300: Though not specifically mentioned in these rules and regulations, all behavior which threatens the good order and discipline and all conduct of a nature to bring discredit upon the Department shall be acted upon by the Department according to the nature and degree of the offense and punished at the discretion of the Commissioner.

Rules & Regulations 3.40.030 Whenever a member of the Department commits a violation of the Rules and Regulations or is otherwise derelict in the performance of duties, and when a command discipline is inapplicable or inappropriate, a written Memorandum of Complaint may be forwarded to the Commissioner by the Commanding Officer concerned.

SECTION E

COMMANDING OFFICER'S RECOMMENDATION:

SECTION F

AUTHORIZATION:

NAME / TITLE OF COMMANDING OFFICER:

[REDACTED], Acting Deputy Commissioner, Investigation

SIGNATURE : _____ DATE : _____

SECTION G

OFFICE OF THE CHIEF OF DEPARTMENT: _____ DATE RECEIVED: _____

☐ PROCEED WITH FORMAL DISCIPLINARY CHARGES

☐ OTHER

SIGNATURE: _____ DATE: _____

SECTION H

OFFICE OF THE DEPARTMENT ADVOCATE: _____ DATE RECEIVED: _____

DISCIPLINARY RECORD (DR) NUMBER ASSIGNED:

NAME OF STAFF MEMBER RECEIVING COMPLAINT:

SIGNATURE : _____ DATE : _____

SECTION I

FINAL DISPOSITION:

SIGNATURE: _____ DATE: _____

MOC

MOC #	0787/23
Related Incidents Search - please search and select Related Incident UOF Number	
MOC Created Date	05/31/2023
Incident Occurred Date	05/03/2023 07:24 AM
Section "A" Incident Information	
MOC Approved Date	06/30/2023
Incident Facility	GRVC
MOC Type	UOF
UOF ID Number	2239/23
Section "B" Employee Information	
Last Name	[REDACTED]
First Name	[REDACTED]
Title	Correction Officer
Shield #	[REDACTED]
Employee #	[REDACTED]
Assigned Facility	TRANSP RTATION DIVISION
Date of Hire	08/06/2015
Title Effective Date	08/06/20 5
Probationary	N
Modified Assignment	No
Chronic Absent	N
Injury Class	C
Section "C" Complaint Informati	
Command Discipline Refusal	No
Summary Suspension	Yes
Summary of Facts and Circumstances	<p>On May 3, 2023, at approximately 0725 hours in GRVC building 1 ESH Intake during court production Officer [REDACTED] [REDACTED] prepared for PICs to get ready for court. Upon getting the PICs ready for court, Officer [REDACTED] rear cuffed PIC [REDACTED] [REDACTED] when PIC [REDACTED] elbowed Officer [REDACTED] to the facial area. Officer [REDACTED] placed her right hand around the PIC's neck/throat pushing the PIC against the wall. Staff intervened and separated Officer [REDACTED] and PIC [REDACTED] however, Officer [REDACTED] continued to pursue the PIC and struck the PIC to the back of the head. Upon review of her UOF Report, Officer [REDACTED] submitted an inaccurate/false and misleading Use of Force Report that was inconsistent with Genetec video surveillance</p>

misleading Use of Force Report that was inconsistent with Genetec video surveillance regarding her actions during the incident stating that her hand slipped, and she inadvertently grabbed the PIC's neck and falsely reported that the PIC still posed a threat to her when she struck the PIC in the head, in violation of Directive 5006 R-D. Officer [REDACTED] was suspended from duty for 30 days (MOC # 787/23).

It is recommended that Officer [REDACTED] be charged accordingly.

Officer [REDACTED] has no pending cases with the Trials Division or with Full ID.

Section "E" Recommendation

Recommendation

Deferred.

Section "F" Authorization

Deputy Commissioner,
Investigation and Trials
Signature

 [REDACTED] 06/07/2023 04:23 M

Section "G" Office of Administration

Proceed Formal Charges

Yes

COA Signature

 [REDACTED] 06/30/2023 11:25 AM

Workflow

Status

MOC - Approved

Action

Approve MOC

Assigned ID Investigator Name

[REDACTED] [REDACTED]

Assigned ID Supervisor Name

[REDACTED]

Assigned DDI Name

[REDACTED]

Created By

[REDACTED]

Created Date

05/31 023 07:06 AM


Updated By

[REDACTED]

Updated Date

07/03/2023 11:48 AM

Related Incidents Manual Entry

		EMPLOYEES PERFORMANCE SERVICE REPORT		INSTRUCTIONS : Place an X in the box indicating reason for report. If any additional space is required to provide information, use an additional form and complete proper section.				
		Form: No. 22R	Report Date					
		Rev.: 06/01/05	05/30/23					
		Ref.: C/O #02/05						
GENERAL INFORMATION		<input type="checkbox"/> Probation Evaluation <input type="checkbox"/> Promotion Evaluation <input type="checkbox"/> Health Mgmt. Division				<input type="checkbox"/> Chief of Department <input type="checkbox"/> Inspector General's Request <input checked="" type="checkbox"/> Other <u>INVESTIGATIONS</u>		
		EMPLOYEE PERSONAL PROFILE INFORMATION						
		Last Name		First Name		M.I.	Rank/Title	Shield/I.D. No.
		Provisional		Modified Duty		Present Assignment		
		Probationary		MMR		TRANSPORTATION DIVISION		
		Permanent		NPA		Date of Appointment		Sex
						08/06/15		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
		Home Address				Telephone No.		
		FIREARM(S) INFORMATION				DEPARTMENTAL RECOGNITION		
		Make		Model		Serial No.	Type of Award	Date
GLOCK		19		AFBP790	NONE			
SECURED @		HQ w/ Invest.						
Last Date of Qualification 04/12/23								
DEPARTMENTAL ASSIGNMENTS								
Command		From		To	Command	From	To	
ACADEMY		08/06/15		12/14/15				
R.N.D.C.		12/15/15		10/01/17				
T.D.		10/02/17		PRESENT				
EDUCATIONAL HISTORY				SUPPLEMENTAL EDUCATION, TRAINING, SPECIAL SKILLS				
High School <u>4</u> Years				STANDARD ACADEMY TRAINING, CDL, 9 MM TRAINED				
College <u>B.A.</u> Credits								
Major _____ Degree _____								
Post Graduate _____ Credits _____								
Major _____ Degree _____								
CORRECTIVE INTERVIEW		LIST ALL CORRECTIVE INTERVIEWS WITHIN THE LAST TWELVE (12) MONTHS OF THIS REPORT						
		Date of Interview		Reason for Interview				
		02/03/23		C.I. #03/23				
COMMAND DISCIPLINE		LIST ALL COMMAND DISCIPLINES WITHIN THE LAST TWELVE (12) MONTHS OF THIS REPORT						
		Date	Violation			Date of Hearing	Disposition	
		NONE						
MEMORANDA OF COMPLAINT		LIST ALL MEMORANDA OF COMPLAINT SINCE APPOINTMENT TO DEPARTMENT						
		Date	Violation			Disposition		
		NONE						
RECOMMENDATIONS OR REMARKS		CHECK APPROPRIATE BOX IF REQUIRED <input type="checkbox"/> Do Not Recommend Promotion <input type="checkbox"/> Recommend Promotion <input type="checkbox"/> Do Not Recommend Permanent Status <input type="checkbox"/> Recommend Permanent Status						
		Verified by MS on 05/04/23 with Trials & Litigation, Mr. Cohen #48792						
		<div style="background-color: black; width: 100%; height: 20px;"></div>						
		Print Name Executive Officer						

1151/13

CITY OF NEW YORK - CORRECTION DEPARTMENT

USE OF FORCE WITNESS REPORT

FORM #5006-A-1 E.H. : 9/27/2017

PART A-1

INSTRUCTIONS: PRINT ALL INFORMATION
To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.

DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?
☐ USED FORCE ☒ WITNESS/PRESENT AT THE SCENE
 If you used force, complete PART A, NOT this report.

Facility: GRIC Report Date: 05/03/23 Incident Date: 05/03/24 Incident Time: APX 0724 Facility Incident #: _____ COD Use of Force #: _____ COD Unusual # if any: _____

Location Where Incident Occurred: Seg Inmate Post Assigned at Time of Incident: Mailroom Tour: 5x1

1 Did any other inmates witness the incident? ☐ YES ☒ NO If YES, list #:

	Last Name	First Name	Book and Case or Sentence Number
1			
2			
3			

2 Did you see force used against an inmate(s)? ☐ YES ☒ NO If YES, state name(s) of inmate(s) against whom force was used:

	Last Name	First Name	Book and Case or Sentence Number
1			
2			
3			

3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:

	Last Name	First Name	Rank/Title	Shield/ID Number	Used Force	Was a Witness / Present
1			C.O.		<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>

4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):

On Wednesday, May 03, 2023, I, C.O. [redacted] assigned to the mailroom on the 5x1 hrs tour was assisting the Seg Inmate with their Canteen while conducting search procedures this writer heard a commotion coming from down the tier.

5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? ☐ YES ☒ NO If YES, describe:

This writer did not hear or see alternatives attempted before force was used.

6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):

At approximately 0724, this writer witnessed inmate [redacted] being secured into a cell by two staff. Once secured there was no further incident. Area Supervisor was notified of the incident. This writer escorted C.O. [redacted] to the clinic to be seen.

Continued on Reverse Side

6

(Continued)

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

N/A

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

N/A

9 Were you responsible for escorting the inmate(s) to the clinic?

☐ YES

☒ NO

If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

Signature:

CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5006-A	EFFECTIVE DATE: 9/27/2017
USE OF FORCE REPORT		PART A	
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member involved in a use of force incident. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input checked="" type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE If WITNESS or only PRESENT, then complete PART A-1, NOT this report.	
Facility:	Report Date:	Incident Date:	Incident Time:
Grave	5-3-23	5-3-23	0724
Location Where Incident Occurred:		Post Assigned at Time of Incident:	Tour:
Fish Intake		Fish Intake	SX1
1 Was Supervisor notified before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, write in full NAME, RANK and SHIELD #:			
2 Which Supervisor was notified after the incident? Write in full NAME, RANK and SHIELD #:			Time Notified:
3 State name(s) of Inmate(s) against whom force was used:			
Last Name		First Name	B&C or Sent. Number
[REDACTED]		[REDACTED]	[REDACTED]
			Infraction Written?
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4 Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):			
on may 3 2023 at approximately 0724 hours inmate [REDACTED] was in the fish intake as he was designated to be produced to court. CO [REDACTED] attempted to pat frisk and secure inmate [REDACTED] in mechanical restraints, however said Inmate became angry stating I want a male officer. CO [REDACTED] assisted and conducted the pat frisk of inmate [REDACTED] with no findings without provocation after CO [REDACTED] secured inmate [REDACTED] in restraints he proceeded to assault her with his elbow to the facial area as he stated this is how I give it up			
5 Were alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, describe:			
[REDACTED]			
6 Describe the incident and the specific force used:			
Immediately following the assault CO [REDACTED] pushed inmate [REDACTED] against the wall in his upper torso area. This writer CO [REDACTED] intervened and secured inmate [REDACTED] in an upper body escort control hold to his left and right arms to secure him in cell 11. In escorting inmate [REDACTED] to cell 11 CO [REDACTED] reached over this writer from behind striking him in the facial area. This writer guided inmate [REDACTED] away from CO [REDACTED] and secured him in cell 11 terminating the incident.			
[REDACTED]			

6 (Continued)

23 MAR -9 01 00

7 Explain in detail why force was necessary to control the situation:
to cease the assault on staff that was in progress

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
left and right arms

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident? ☒ YES ☐ NO
If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	CO	[REDACTED]	Witnessed
[REDACTED]	CO	[REDACTED]	Witnessed
[REDACTED]	CO	[REDACTED]	Used force

11 Did any other inmates witness the incident? ☐ YES ☒ NO If YES, specify:

Last Name	First Name	Book and Case or Sentence Number

12 Were you responsible for escorting the inmate(s) to the clinic? ☐ YES ☒ NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

13 Did you claim any injuries as a result of the incident? ☐ YES ☒ NO If YES, describe your injuries and how each was sustained:

Submitted by (print LAST NAME, FIRST NAME, RANK and SHIELD #):
[REDACTED] CO [REDACTED] [REDACTED]

	CITY OF NEW YORK - CORRECTION DEPARTMENT	FORM #5006-A-1	23 MAY 3 21:28 Eff. : 9/27/2017
	USE OF FORCE WITNESS REPORT		PART A-1

INSTRUCTIONS: PRINT ALL INFORMATION
To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.

DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?

☐ USED FORCE ☒ WITNESS/PRESENT AT THE SCENE
If you used force, complete PART A, NOT this report.

Facility: GRVC	Report Date: 05/03/23	Incident Date: 05/03/23	Incident Time: 0724 HRS	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:
-------------------	--------------------------	----------------------------	----------------------------	----------------------	---------------------	-----------------------

Location Where Incident Occurred: ESH Intake Post Assigned at Time of Incident: ESH Intake Tour: 0500X1331

1 Did any other inmates witness the incident? ☐ YES ☒ NO If YES, list #:

#	Last Name	First Name	Book and Case or Sentence Number
1			
2			
3			

2 Did you see force used against an inmate(s)? ☒ YES ☐ NO If YES, state name(s) of inmate(s) against whom force was used:

#	Last Name	First Name	Book and Case or Sentence Number
1			
2			
3			

3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:

#	Last Name	First Name	Rank/Title	Shield/ID Number	
1			CO		<input checked="" type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present
2			CO		<input checked="" type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present
3			CO		<input checked="" type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present

4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):

I Officer [REDACTED] was not present before the incident began.

5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? ☐ YES ☒ NO If YES, describe:

I Officer [REDACTED] was not present to hear verbal commands before force was utilized.

6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):

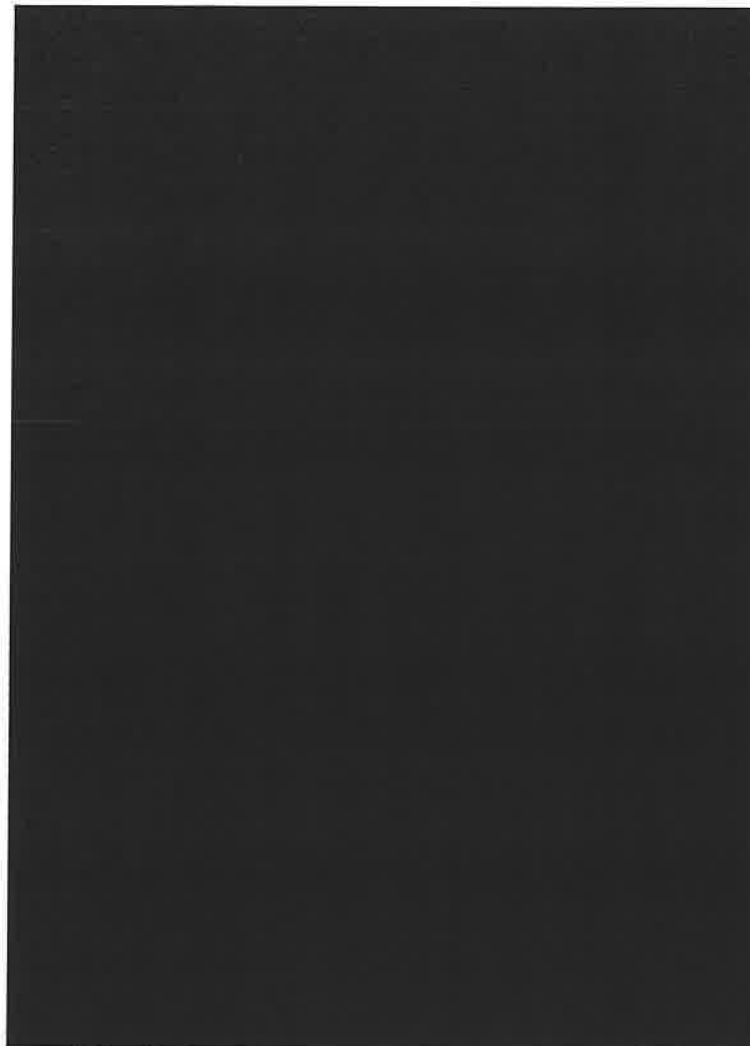
On Wednesday May 3, 2023 at approximately 0724 HRS I Officer [REDACTED] assigned to GRVC ESH Intake post on the 0500X1331 tour was conducting the three point search during court production, when I heard a commotion. I stopped the search to render assistance and observed inmate [REDACTED] being secured to the wall by Officer [REDACTED]. DOC staff assisted Officer [REDACTED] and I Officer [REDACTED] continued to conduct the three point search. I am writing this report based upon my immediate recollection of the incident at this point. I hereby reserve the right to amend this report, pursuant to my further clarity of the incident, and possible review of the video evidence.

Continued on Reverse Side

85:15 E 44M ES'

85:15 E 44M ES'
(Continued)

6



7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident.:

No Supervisor was present at the time of the incident.

8 Identify the part(s) of the Inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Unknown


9 Were you responsible for escorting the inmate(s) to the clinic?

☐ YES ☒ NO

If YES, Identify the approximate time the Inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

Correction Officer

	CITY OF NEW YORK - CORRECTION DEPARTMENT	FORM #6008-A-1	ER. : 9/27/2017
USE OF FORCE WITNESS REPORT			PART A-1
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A, NOT this report.	
Facility: <u>GLUC</u>	Report Date: <u>5/3/2023</u>	Incident Date: <u>5/3/2023</u>	Incident Time: <u>0200x 0724</u>
Location Where Incident Occurred: <u>ESH Intake</u>		Post Assigned at Time of Incident: <u>ESH Intake</u>	Tour: <u>0300x1331</u>
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:			
	Last Name	First Name	Book and Case or Sentence Number
1			
2			
3			
2 Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:			
	Last Name	First Name	Book and Case or Sentence Number
1			
2			
3			
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:			
	Last Name	First Name	Rank/Title
1		A	C/O
2			C/O
3			
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):			
<u>ON Wednesday May 3, 2023 at approximately 0724 hour, I C/O [redacted] assigned to ESH Intake on the 0300x1331 tour. This writer was assisting with Court production searches when this writer heard a commotion.</u>			
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:			
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):			
<u>ON Wednesday May 3, 2023 at approximately 0724 hour, I C/O [redacted] assigned to the ESH Intake on the 0300x1331 tour. This writer was assisting with Court production searches when this writer heard a commotion. As this writer got closer this writer witness transportation officers [redacted] hand around inmate [redacted] force area. Officer [redacted] had inmate in a escort hold trying to secure inmate [redacted] away from officer [redacted] who attempted to throw close hand fist over officer [redacted] back towards inmate [redacted] Officer [redacted] separated officer [redacted] and inmate [redacted] terminating incident.</u>			

Continued on Reverse Side

6 (Continued)


CONFIDENTIAL

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:
N/A

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
Torso area/chest area

9 Were you responsible for escorting the inmate(s) to the clinic? ☐ YES ☒ NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

	CITY OF NEW YORK - CORRECTION DEPARTMENT	FORM #5006-A-1	MAY 3 21 23 Eff. : 9/27/2017
	USE OF FORCE WITNESS REPORT		PART A-1

INSTRUCTIONS: PRINT ALL INFORMATION
 To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.

DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?
☒ **USED FORCE** ☒ **WITNESS/PRESENT AT THE SCENE**
 If you used force, complete PART A, NOT this report.

Facility: GRVC	Report Date: 05/03/23	Incident Date: 05/03/23	Incident Time: 0724	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:
Location Where Incident Occurred: ESH INTAKE/ FRONT 5#CELL		Post Assigned at Time of Incident: ESH INTAKE		Tour: 0500X1331		

1 Did any other inmates witness the incident? ☐ YES ☒ NO If YES, list #:

	Last Name	First Name	Book and Case or Sentence Number
1			
2			
3			

2 Did you see force used against an inmate(s)? ☒ YES ☐ NO - If YES, state name(s) of inmate(s) against whom force was used:

	Last Name	First Name	Book and Case or Sentence Number
1			
2			
3			

3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:

	Last Name	First Name	Rank/Title	Shield/ID Number	
1			C/O		<input checked="" type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present
2			C/O		<input checked="" type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present
3			C/O		<input checked="" type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present

4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):

On Wednesday May 03, 2023 at approximately 0724 I C/O [REDACTED] assigned to the ESH Intake on the 0500X1331 hour tour was conducting court production when manhattan transportation officer [REDACTED] needed this writer to conduct a patfrisk to inmate [REDACTED] who requested to be patfrisk by a male officer.

5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? ☐ YES ☒ NO If YES, describe:




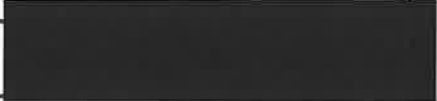
This writer did not hear nor see alternative verbal commands.

6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):

Upon this writer completing a patfrisk manhattan transportations officer placed mechanical restraints (cuffs) on inmate [REDACTED] going to manhattan court. When this writer began to walk away and then hearing a co-motion and turned back and observed C/O [REDACTED] pushing said inmate up against the wall by 5# cell when C/O [REDACTED] took hold of inmate [REDACTED] and secured on the same wall. I C/O [REDACTED] then took over and began to escort said inmate to 11# cell when C/O [REDACTED] attempted to grab inmate [REDACTED] by reach over this writer. Inmate [REDACTED] was secured in 11 #cell without further incident.

Continued on Reverse Side

ISSUE NAMES

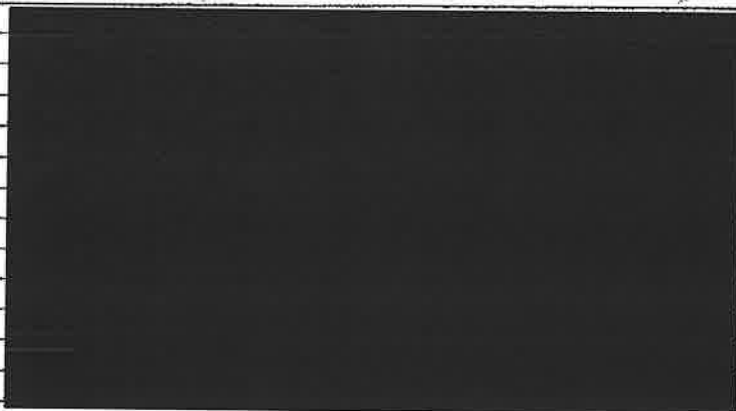
6	<p>(Continued)</p> 
7	<p>To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:</p> <p>MA _____</p> <p>_____</p> <p>_____</p>
8	<p>Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:</p> <p>Shoulder and chest area.</p> <p>_____</p> <p>_____</p> <p>_____</p>
9	<p>Were you responsible for escorting the inmate(s) to the clinic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:</p> <p>_____</p> <p>_____</p>
<p>Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)</p> <p> C/O  </p>	

b6F 113913

		CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5005-A		Eff. : 9/27/2017	
USE OF FORCE REPORT						PART A	
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member involved in a use of force incident. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.				DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input checked="" type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE If WITNESS or only PRESENT, then complete PART A-1, NOT this report.			
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:	
City	5-3-23	5-3-23	0724				
Location Where Incident Occurred:			Post Assigned at Time of Incident:		Tour:		
Sch intake			Sch intake		SXI		
1 Was Supervisor notified before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, write in full NAME, RANK and SHIELD #:							
2 Which Supervisor was notified after the incident? Write in full NAME, RANK and SHIELD #:						Time Notified:	
3 State name(s) of inmate(s) against whom force was used:							
Last Name		First Name		B&C or Sent. Number		Infraction Written?	
[REDACTED]		[REDACTED]		[REDACTED]		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
4 Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):							
on may 3 2023 at approximately 0724 hours inmate [REDACTED] was in the Sch intake designated to be produced to court. CO [REDACTED] attempted to get frisk and secure inmate [REDACTED] in mechanical restraints, however said inmate became angry stating I want a male officer. CO [REDACTED] assisted and conducted the pat frisk of inmate [REDACTED] with negative findings without provocation after CO [REDACTED] inmate [REDACTED] in restraints he proceeded to assault her with his elbow to the facial area as he stated this is how I give it up							
5 Were alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:							
[REDACTED]							
6 Describe the incident and the specific force used:							
Immediately following the assault CO [REDACTED] pushed inmate [REDACTED] against the wall in his upper torso area this worker CO [REDACTED] intervened and secured inmate [REDACTED] in an upper body escort control hold to his left and right arms to secure him in cell 11. In escorting inmate [REDACTED] to cell 11 CO [REDACTED] looked over this workers from behind striking him in the facial area. This worker guided inmate [REDACTED] away from CO [REDACTED] and secured him in cell 11 terminating the incident.							
[REDACTED]							

Continued on Reverse Side

6 (Continued)



23 MAR - 9
01 00

7 Explain in detail why force was necessary to control the situation:

to cease the assault on staff that was in progress

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

left and right arms

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident?

☒ YES ☐ NO

If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	CO	[REDACTED]	with pressed

1

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	[REDACTED]	[REDACTED]	with pressed

2

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	[REDACTED]	[REDACTED]	used force

3

11 Did any other inmates witness the incident? ☐ YES ☒ NO If YES, specify:

Last Name	First Name	Book and Case or Sentence Number

12 Were you responsible for escorting the inmate(s) to the clinic?


☐ YES ☒ NO

If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

13 Did you claim any injuries as a result of the incident?

☐ YES ☒ NO

If YES, describe your injuries and how each was sustained:

 CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5006-A-1	23 MAY 3 21:28 EFL: 9/27/2017																				
USE OF FORCE WITNESS REPORT																							
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A, NOT this report.																					
Facility: GRVC	Report Date: 05/03/23	Incident Date: 05/03/23	Incident Time: 0724 HRS																				
Location Where Incident Occurred: ESH Intake		Post Assigned at Time of Incident: ESH Intake	Tour: 0500X133-1																				
1 Did any other inmate witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:		COD Use of Force #: COD Unusual # if any:																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> </tbody> </table>			Last Name	First Name	Book and Case or Sentence Number	1				2				3									
	Last Name	First Name	Book and Case or Sentence Number																				
1																							
2																							
3																							
2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:																							
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2																							
3																							
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:																							
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	Last Name	First Name	Rank/Title	Shield/ID Number																			
1			CO																				
2			CO																				
3			CO																				
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): I, Officer [REDACTED] was not present before the incident began.																							
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe: I, Officer [REDACTED] was not present to hear verbal commands before force was utilized.																							
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): On Wednesday May 3, 2023 at approximately 0724 HRS I, Officer [REDACTED] assigned to GRVC ESH Intake post on the 0500X133-1 tour was conducting the three point search during court production when I heard a commotion. I stopped the search to render assistance and observed inmate [REDACTED] being secured to the wall by Officer [REDACTED]. DOC staff assisted Officer [REDACTED] and I, Officer [REDACTED] continued to conduct the three point search. I am writing this report based upon my immediate recollection of the incident at this point. I hereby reserve the right to amend this report, pursuant to my further clarity of the incident, and possible review of the video evidence.																							

85:15 E YAMES

PC: PC E POLICE

6

(Continued)



7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident.:

No Supervisor was present at the time of the incident.

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Unknown.

9 Were you responsible for escorting the inmate(s) to the clinic?

☐ YES

☒ NO

If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

Correction Officer

CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #6005-A-1	EH : 11/27/2017																				
USE OF FORCE WITNESS REPORT		PART A-1																					
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A, NOT this report.																					
Facility: <u>GLUC</u>	Report Date: <u>5/3/2023</u>	Incident Date: <u>5/3/2023</u>	Incident Time: <u>0724</u>																				
Location Where Incident Occurred: <u>ESH Intake</u>		Post Assigned at Time of Incident: <u>ESH Intake</u>	Tour: <u>0500X1331</u>																				
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> </tbody> </table>			Last Name	First Name	Book and Case or Sentence Number	1				2				3									
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2																							
3																							
2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:																							
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	Last Name	First Name	Rank/Title	Shield Number																			
1			C/O																				
2			C/O																				
3																							
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <u>ON Wednesday May 3, 2023 at approximately 0724 hr. I go assigned to the ESH Intake on the 0500X1331 tour. This writer was assisting with Court production searches when this writer heard a commotion</u>																							
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:																							
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): <u>ON Wednesday May 3, 2023 at approximately 0724 hr. I assigned to the ESH Intake on the 0500X1331 tour. This writer was assisting with Court production searches when this writer heard a commotion. As this writer got closer this writer witness transportation officers hand around inmate torso area. officer had inmate in a escort hold trying to secure inmate away from officer who attempted to throw close hand fist over officer back towards inmate. Officer separated officer and inmate terminating incident</u>																							

Continued on Reverse Side

6

7

12/7

8

inmate: Torso area / chest area

1

☒ NO

If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

5

		CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5006-A-1		2.5 HRP 3-21-23 Eff: 9/27/2017	
USE OF FORCE WITNESS REPORT							
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information. Section # on each attached page.				PART A-1			
Facility: GRVC		Report Date: 05/03/23	Incident Date: 05/03/23	Incident Time: 0724	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:
Location Where Incident Occurred: ESH INTAKE/ FRONT 5#CELL		Post Assigned at Time of Incident: ESH INTAKE			Tour: 0500X1331		
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:							
		Last Name		First Name		Book and Case or Sentence Number	
1							
2							
3							
2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:							
		Last Name		First Name		Book and Case or Sentence Number	
1							
2							
3							
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:							
		Last Name		First Name		Rank/Title	
1						C/O	
2						C/O	
3						C/O	
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): On Wednesday May 03, 2023 at approximately 0724 I C/O [redacted] assigned to the ESH Intake on the 0500X1331 hour tour was conducting court production when manhattan transportation officer [redacted] needed this writer to conduct a patfrisk to inmate [redacted] who requested to be patfrisk by a male officer.							
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe: This writer did not hear nor see alternative verbal commands.							
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): Upon this writer completing a patfrisk manhattan transportations officer placed mechanical restraints (cuffs) on inmate [redacted] going to manhattan court. When this writer began to walk away and then hearing a co-motion and turned back and observed C/O [redacted] pushing said inmate up against the wall by 5# cell when C/O [redacted] took hold of inmate [redacted] and secured on the same wall. I C/O [redacted] then took over and began to escort said inmate to 11# cell when C/O [redacted] attempted to grab inmate [redacted] by reach over this writer. Inmate [redacted] was secured in 11 #cell without further incident.							

IS:IS E 44065

6	(Continued)	
7	To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident.: <hr/> <hr/> <hr/>	
8	Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate: Shoulder and chest area: <hr/> <hr/> <hr/>	
9	<div style="display: flex; justify-content: space-between;"> <div> Were you responsible for escorting the inmate(s) to the clinic? <div style="margin-left: 20px;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> </div> <div> If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you: <hr/> <hr/> </div> </div>	
Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #) <div style="background-color: black; width: 250px; height: 20px; margin-top: 5px;"></div> <div style="background-color: black; width: 250px; height: 20px; margin-top: 5px; float: right;"></div>		

VOF # 2139/13

CITY OF NEW YORK - CORRECTION DEPARTMENT FORM #5006-A-1 Eff. : 9/27/2017

USE OF FORCE WITNESS REPORT

INSTRUCTIONS: PRINT ALL INFORMATION
To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.

DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?
☐ USED FORCE ☒ WITNESS/PRESENT AT THE SCENE
 If you used force, complete PART A, NOT this report.

PART A-1

Facility: GRVC Report Date: 05/03/23 Incident Date: 05/03/24 Incident Time: Approx 0724 Facility Incident #: COD Use of Force #: COD Unusual # if any:

Location Where Incident Occurred: Seg Intake Post Assigned at Time of Incident: Mailroom Tour: 5x1

1 Did any other inmates witness the incident? ☐ YES ☒ NO If YES, list #:

	Last Name	First Name	Book and Case or Sentence Number
1			
2			
3			

2 Did you see force used against an inmate(s)? ☐ YES ☒ NO If YES, state name(s) of inmate(s) against whom force was used:

	Last Name	First Name	Book and Case or Sentence Number
1			
2			
3			

3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:

	Last Name	First Name	Rank/Title	Shield #
1			C.O.	
2				
3				

4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):

On Wednesday, May 03, 2023, I, C.O. [redacted] assigned to the mailroom on the 5x1 tour was assisting the Seg Intake with their carts. While conducting search procedures this writer heard a commotion coming from down the floor.

5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? ☐ YES ☒ NO If YES, describe:

This writer did not hear or see alternatives attempted before force was used.

6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):

At approximately 0724, this writer witnessed inmate [redacted] being escorted into a cell by Doc Staff. Once secured there was no further incident. Area Supervisor was notified of the incident. This writer escorted [redacted] to the clinic to be seen.

Continued on Reverse Side

6 (Continued)



7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:
N/A

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
N/A

9 Were you responsible for escorting the inmate(s) to the clinic? ☐ YES ☒ NO if YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:



11/29/23

CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5008-A-1	EFF. : 9/27/2017																												
USE OF FORCE WITNESS REPORT			PART A-1																												
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A, NOT this report.																													
Facility: <u>GTVC</u>	Report Date: <u>5/3/23</u>	Incident Date: <u>5/3/23</u>	Incident Time: <u>Approx 0724</u>																												
Location Where Incident Occurred: <u>Seg Intake</u>		Post Assigned at Time of Incident: <u>Esh security</u>	Tour: <u>0500 x 1331</u>																												
Facility Incident #:		COD Use of Force #:	COD Unusual # if any:																												
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:																															
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	Last Name	First Name	Rank/Title	Shield/ID Number	Used Force	Was a Witness / Present																									
1					<input type="checkbox"/>	<input type="checkbox"/>																									
2					<input type="checkbox"/>	<input type="checkbox"/>																									
3					<input type="checkbox"/>	<input type="checkbox"/>																									
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <u>I was not present before incident began</u>																															
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe: <u>I was not present</u>																															
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): <u>On Wednesday May 3rd, 2023 at approximately 0724 hours I C.O. [redacted] assigned to esh security on the 0500 x 1331 tour for escorted inmate to seg intake for court production. While in the seg intake a commotion and when I looked C.O. [redacted] utilized open hand push to the upper torso to secure inmate to the wall. [redacted] and inmate [redacted] were having a altercation at which time other doc staff stepped in to take possession of inmate [redacted] and secure him in a cell. At no time did I utilize force.</u>																															

6 (Continued)

[REDACTED]

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate: upper torso

9 Were you responsible for escorting the inmate(s) to the clinic? ☐ YES ☒ NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Signature: [REDACTED]

		CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5006-A-1		EM. : 9/27/2017	
USE OF FORCE WITNESS REPORT							
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.				DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A, NOT this report.			
Facility: <u>CIRK</u>		Report Date: <u>5/3/23</u>	Incident Date: <u>5/3/23</u>	Incident Time: <u>APPROX. 0724</u>	Facility Incident #:	COG Use of Force #: <u>2239-23</u>	OOD Unusual # if any:
Location Where Incident Occurred: <u>SEG INTAKE</u>			Post Assigned at Time of Incident: <u>X6</u>		Tour: <u>0600 X 1451</u>		
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:							
		Last Name		First Name		Book and Case or Sentence Number	
1							
2							
3							
2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:							
		Last Name		First Name		Book and Case or Sentence Number	
1							
2							
3							
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:							
		Last Name		First Name		Rank/Title Shift/ID Number	
1							
2							
3							
<input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present							
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <u>T, C.D. [REDACTED] WAS NOT PRESENT BEFORE THE INCIDENT BEGAN.</u>							
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:							
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): <u>ON 5/2/23, T, C.D. [REDACTED] ASSIGNED TO X6 DUE THE 0600 X 1451 TOUR AS THE RECORDER, AT APPROX. 0724 HOURS WHILE EXITING THE SEG INTAKE DECK UNWITNESSED C18 [REDACTED] INMATE [REDACTED] THE UPPER BODY AREA. AT THIS TIME C.D. [REDACTED] GUARD SAID INMATE INTO A CELL WITHOUT FURTHER INCIDENT. THIS WRITER WAS NOT PRESENT AT THE BEGINNING OF THE INCIDENT.</u>							

Continued on Reverse Side

6 (Continued)

[REDACTED]

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:
R21A

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
UPPER BODY AREA

9 Were you responsible for securing the inmate(s) to the clinic? ☐ YES ☒ NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

[REDACTED]



NEW YORK CITY DEPARTMENT OF CORRECTION
Louis A. Molina, Commissioner

Yvonne Pritchett, Acting Deputy Commissioner
Investigation Division
75-20 Astoria Boulevard – Suite 350
East Elmhurst, NY 11370

T 18 •
Fax 718 • 278 • 6541

Date: June 4, 2023

To: [REDACTED], Assistant Commissioner, George R. Vierno Center (GRVC)

From: [REDACTED] Deputy Director, Investigation Division

SUBJECT: FACILITY REFERRAL: UOF # U2239/23 SEG Intake

On May 3, 2023, at approximately 0724hours, at GRVC SEG Intake, Officer [REDACTED] involved in a Use of Force with Person in Custody (PIC) [REDACTED] and [REDACTED] intervened and separated Officer [REDACTED] and PIC [REDACTED]. The following violations were identified:

<input type="checkbox"/> Directive 5006R-D.VI & 4516R-D; Delayed medical: Injury to Inmate Report #
<input type="checkbox"/> Directive 5006R-D.VI; Missing Staff Report(s): ADW/Captain/Officer:
<input checked="" type="checkbox"/> Directive 5006R-D.VI; Staff report failed to provide detailed description of force:
<input checked="" type="checkbox"/> Teletype Order # HQ-01378-0; Generalized terms utilized in staff reports:
<input type="checkbox"/> Directive 5006R-D.VI & Operat n Order 1/22; Body worn camera/Handheld video.
<input type="checkbox"/> Directive 5006R-D.VI; Documents pertinent, were not readily available with 24 hrs.
<input type="checkbox"/> Rules and Regulations 3 20.010; Profan ty/Use of inappropriate language:
<input type="checkbox"/> Operation Order 1/22; B dy w rn camera/Handheld video.:

The Assistant Deputy War n on d ty during this incident was identified as [REDACTED]

☐ A corrective int rview ☒ D umented Counseling is recommended as the facility took a photo of Officer [REDACTED] fa ial area but failed to notify Central Operation Desk (COD) that Officer [REDACTED] complai ed of pai to th right side of her face, right wrist, and right shoulder. Additionally, it is recommended that Officers [REDACTED] and [REDACTED] be made the subject of a Documented Counse ing for subm tting a UOF Report utilizing generalized terms.

Within thirty (3) business days of the receipt of this memorandum, please report the actions taken to addre s the issue raised. If you have any questions or concerns, please do not hesitate to contact me at [REDACTED] or via email at [REDACTED]

Received: _____

Action Taken: _____

NP:lm
ID-FR# 122/23



NYC DEPARTMENT OF CORRECTION

Retraining Request Form

Request Date	Requestor Name
06/04/2023	Deputy Director [REDACTED]

Requestor Division	
<input checked="" type="checkbox"/> Investigation Division	<input type="checkbox"/> Facility:
<input type="checkbox"/> EISS	<input type="checkbox"/> Other:

Staff Member Information				
Rank	First Name	Last Name	Shield	Command
Officer	[REDACTED]	[REDACTED]	[REDACTED]	GRVC

Incident Information		
Incident Date	Incident Number (COD # or UOF#)	Facility
May 3, 2023	U2239/23	GRVC

Incident Description (including specific details and issues identified requiring retraining)
<p>On May 3, 2023, at approximately 0720 hours in GRVC building 1 ESH Intake during court production Officer [REDACTED] Officer [REDACTED] Officer [REDACTED] along with other Officers prepared PICs to get ready for court. While Officer [REDACTED] was placing the restraints on PIC [REDACTED] PIC [REDACTED] swung his body and elbowed Officer [REDACTED] in the facial area. Officer [REDACTED] kept her left hand up, took a step back and then placed her right hand around PIC [REDACTED] neck ([REDACTED] at 0724 hours). Officer [REDACTED] intervened and pulled Officers [REDACTED] hand back as Officer [REDACTED] was right behind him. Officer [REDACTED] was diagonal from the incident. In Officer [REDACTED] UOF report he reported that he witnessed Officer [REDACTED] hand around PICs torso area. It can be noted that you cannot grab a torso with just one hand.</p>

Genetec Surveillance Footage, Handheld Camera and Body Camera Footage Information (including specific date and time, camera angles and/or video file name)
Genetec Surveillance Video angle [REDACTED] at approximately 0724 hours

Recommended Retraining Course (please only select one)			
Use of Force Directives 5006R.D	<input type="checkbox"/>	Handheld Camera	<input type="checkbox"/>
UOF Report Writing	<input checked="" type="checkbox"/>	Body Worn Camera (BWC)	<input type="checkbox"/>
Defensive Tactics	<input type="checkbox"/>	Use of Restraints	<input type="checkbox"/>
Chemical Agents	<input type="checkbox"/>	Crisis Intervention / Conflict Resolution	<input type="checkbox"/>
IPC Skills	<input type="checkbox"/>	EEO	<input type="checkbox"/>
Civil Extractions	<input type="checkbox"/>	PREA	<input type="checkbox"/>
Facility Emergency Response	<input type="checkbox"/>		